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DR. W. G. HAMMELL and his bride were injured in a railway accident, Nov. 13, while on their way to California.

AN epidemic of typhoid fever is raging at Clermontville, O. There have already been eighty-nine cases, of which twenty-five were fatal. At present forty persons are stricken. Business is entirely suspended, and the two hundred people who make up the population are wild with fear. The secretary of the Board of Health is investigating the affair, and will take steps to prevent the spread of the disease.

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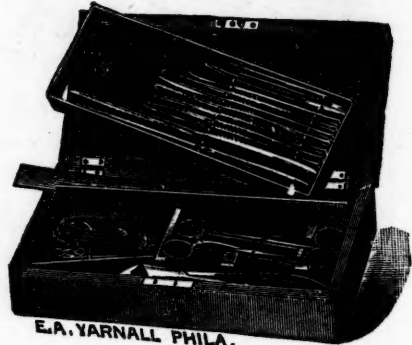
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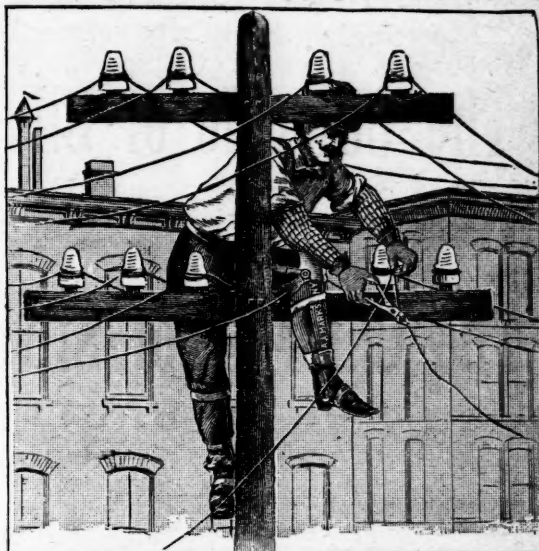
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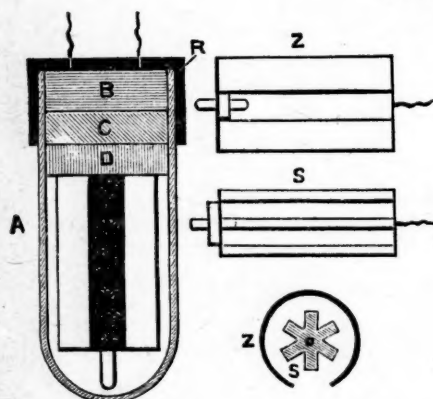
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Original Articles.

THE TREATMENT OF FIBROID TUMORS OF THE UTERUS.¹

By GEORGE H. ROHÉ, M.D.,

Professor of Obstetrics and Hygiene in the College of Physicians and Surgeons, Baltimore; Gynecologist to St. Joseph's Hospital.

THE object of this paper is to advocate a rational discrimination in the treatment of fibroid tumors of the uterus.

Uterine fibroids differ greatly in size, situation, structure and character of the symptoms to which they give rise. The treatment demanded by these differences likewise varies.

In structure, fibroid tumors are homologous with the tissue of the organ in which they are found. They are composed of muscular and fibrous tissue in varying proportions, usually encapsulated by a connective-tissue capsule, in which large vessels ramify. In some cases, the growth is made up principally of muscular tissue, in others almost exclusively of white fibrous tissue. In the majority of cases, however, the growths are composed of varying proportions of these two tissues, sometimes the muscular, at another the fibrous predominating.

Most fibroid tumors, especially if of moderate size, are firm and solid, but the larger growths frequently have cysts or cavities filled with a lymphoid fluid. These fibro-cystic tumors often cause no little difficulty in diagnosis, being sometimes mistaken for ovarian cysts, at others confounded with pregnancy. It must not be forgotten that pregnancy and fibroid tumors may co-exist, although happily this combination is not very frequent.

Fibroid growths may occupy any portion of the uterus. Their site of predilection appears to be the

fundus and posterior wall of the corpus uteri. Schröder found 92 per cent. in the body of the uterus, and only 8 per cent. in the cervix.

With reference to their situation in the uterine walls, fibroids are usually classified into sub mucous, sub serous and interstitial.

The sub-mucous project into the uterine cavity, the sub-serous toward the cavity of the abdomen, and the interstitial occupy a more or less intermediate position between the inner and outer walls of the uterus. As a matter of fact, most large fibroid tumors begin as interstitial or intramural growths, and become sub-mucous or sub-serous in consequence of the contractions they excite in the muscular walls, which force them either inward or outward.

Fibroid tumors may undergo fatty degeneration and be absorbed; they may slough and be cast off through the genital canal; they may undergo calcareous change and become encysted, and be thus carried through life; or may slough out in the form of concretions which have received the name of uterine stones. Finally, they may undergo sarcomatous degeneration and become malignant. All of these terminations are, however, exceptional. Generally the tumor continues growing until, or after, the menopause, and gives rise to symptoms more or less troublesome, and in many cases sufficiently serious to demand active measures of relief.

The most pronounced symptoms of fibroid tumors of the uterus are pain, hemorrhage and interference with the functions of other organs by pressure. They may also produce great discomfort by their weight. Occasionally the sub mucous variety undergo sloughing, when they may cause the death of the patient by septicæmia.

The pain produced by uterine fibroids is sometimes so severe as to be alone a sufficient reason for medical or surgical interference. It usually manifests itself at the menstrual periods as dysmenorrhœa, but may be constantly present as severe backache, bearing-

¹Read before the Medical and Chirurgical Faculty of Maryland, November 12, 1890.

down simulating labor pains, especially in the sub-mucous variety, or neuralgia of the sciatic nerves. Sometimes there is persistent pain in the uterus itself, or more probably in its peritoneal covering, which is subjected to irritation or inflammation.

Comparatively small fibroids situated low down in the uterine walls, or in the cervix, may cause severe irritation of the bladder by pressure. There is often vesical tenesmus with frequent micturition, causing the most intense suffering.

The pressure upon the rectum may also give rise to constipation and great pain on going to stool. Hemorrhoids and œdema of the lower extremities are not infrequent complications due to interference with the venous circulation. During the menstrual periods these pressure symptoms are generally increased in severity. Intra pelvic or intra-abdominal pressure may also cause ascites, and in some cases localized peritonitic processes.

Hemorrhage is in most cases the symptom that urgently demands remedy. It is most frequent and gravest in the sub-mucous tumors, but may be an accompaniment of any variety. It may be alarming in cases where the tumors are so small as to be detected with difficulty on bimanual palpation. The bleeding usually occurs at the menstrual periods which are prolonged and more profuse than normal. The menstrual interval may be normal in duration, but in many cases is shortened, so that the bleeding recurs in two or three weeks. The blood is frequently discharged in large clots. Indeed, the discharge of clots at the menstrual period is an absolute indication of something abnormal, and should always invite attention to the condition of the uterus. In a very large proportion of cases it will be found to be an outward sign of fibroid growths.

A definite relation exists between uterine fibroids and sterility. Whether the sterility is a cause or a consequence of the morbid growths is not positively determined. Statistical compilations show that about 75 per cent. of the women having fibroid tumors have never borne children. This may be regarded as fortunate, for in cases of labor complicated with uterine fibroids over half of the mothers and nearly two-thirds of the children die.

The treatment of fibroid tumors of the uterus is pre-eminently surgical. Even the administration of ergot and savine may be looked upon as a surgical method of treatment, for the effect striven after in the use of these remedies is the extrusion, or partial extrusion of the growths, whose removal is completed by surgical means. While the deaths directly due to the use of ergot are probably few, most writers discountenance the treatment for these reasons: The ergot treatment is tedious, painful, often ineffective, and even at times dangerous. When the tumor is forced into the uterine cavity, or through the cervix by the contractions induced by the medicine, the practitioner must be ready to interfere surgically, otherwise sloughing and sepsis are imminent.

The ideal operation for a fibromatous tumor is the removal of the tumor, leaving the uterus intact. Unfortunately, in many cases this result cannot be attained. Nevertheless, this should be striven for wherever possible. The marvelous success of Schroeder and Martin in enucleating fibroids, and thus preserving the uterus, should encourage us to an imitation of their work. The enucleation of fibroids, whether by the genital canal, or by laparotomy, is in the true line of conservative surgery.

When a sub-mucous tumor projects into the uterine cavity, or the vagina, its attachment is usually by a

pedicle of greater or less thickness. When the pedicle is thin the tumor may be twisted off. The torsion seems to arrest all hemorrhage at the same time from the highly vascular mucous membrane covering the pedicle. When the latter is thick, attachment may be severed with scissors, ecraseur, or galvano-caustic wire. I prefer the latter method as less dangerous, cleaner, more rapid, and thoroughly aseptic.

When the tumor is attached by a sessile base, the mucous membrane and capsule over it may be split with a knife, after carefully dilating the cervix under aseptic precautions, and then enucleating the tumor from its base. To arrest hemorrhage a tampon of iodoform or creolin gauze may be packed against the bleeding surface. Great care is requisite, however, not to allow the tampon to remain too long, as the secretions may be backed up through the tubes, and cause salpingitis or other inflammatory disturbances in the pelvic cavity. I am sure I produced a pelvic peritonitis in one case by the improper use of a tampon to arrest hemorrhage after amputation of the cervix.¹

Sloughing of a sub-mucous fibroid is not necessarily fatal, as careful disinfection of the genital canal, before and after the operation, will often avert sepsis.

Vaginal enucleation of sub-serous tumors of the cervix may sometimes be practised. The operation was first done by Czerny. An incision is made through the vaginal fornix, avoiding the large vessels on the sides of the cervix, and the tumor enucleated from the tissue of the cervix and the pelvic connective tissue.

Tumors of considerable size may be delivered by intra-uterine and vaginal enucleation. If the growth is too large to remove entire, it may be diminished in size by subdividing it with scissors, saws, specially devised for the purpose, or the galvano caustic wire. The operation should always be completed at one sitting; for to allow part of the tumor to remain is an invitation to septic absorption. Judgment and experience are required, however, to decide when the growth has reached a size that does not permit its safe removal by way of the vagina.

The enucleation of fibroids through an incision in the abdominal wall—laparo-myomectomy—is indicated in certain cases where the tumor cannot be removed by the vagina. It is at once a graver operation than the latter, and accompanied by a considerable mortality. If the tumor is sub-serous, and attached by a thin pedicle, its removal after section of the abdominal walls is not difficult. The pedicle may be transfixed by a double ligature, and tied tightly, the tumor cut off above the ligature, the peritoneum stitched over the end of the stump, and the external wound closed. Unfortunately, the tissues of the pedicle often shrink after the tumor is removed, and hemorrhage may take place from the stump. To avert this accident various measures have been adopted by different operators. Some remove a wedge-shaped plug from the face of the stump, and sew the opposing rough surfaces firmly together by deep and shallow sutures, lastly bringing the peritoneum together over all. This is usually efficient, but consumes valuable time. Other operators clamp the stump in a wire snare (Koeberle's *serre-nœud*), or a constrictor

¹In reference to this point, Sir Spencer Wells says: "I have occasionally put on one or two pairs of pressure-forceps to a pedicle, either before cutting away the polypus, or when bleeding occurred after cutting away, and have left the forceps hanging out of the vagina for several hours; and I prefer this method to the more common one of applying perchloride of iron, and plugging the vagina."

of parallel steel bars (Keith's clamp), and bring it outside of the abdominal wound, where the constricted portion of the stump mummifies or sloughs off. The peritoneal covering of the sides of the stump is stitched to the parietal peritoneum, and so closes the peritoneal cavity against any discharges from the end of the stump. This method gives better results than the intra peritoneal method, but leaves much to be desired in the way of surgical neatness and rapidity of healing. It is also at times attended by other inconveniences and dangers, especially if the pedicle and uterus are much put upon the stretch.

When the growth of the tumor is sessile and directly under the peritoneum, or covered by a very thin layer of uterine tissue, it may be enucleated by making a bold incision over the tumor, and shelling it out of its base.

To guard against excessive bleeding an elastic ligature—a piece of rubber tubing—may be tied around the cervix, including within the ligatures the arteries supplying the uterus and appendages. Even large growths may be removed in this way. If the cavity left in the uterine tissue is too large to get good coaptation between its walls, it may be packed with iodoform gauze, as practised by Fritsch, and the edges stitched to the abdominal incision, in order to secure free drainage and make the cavity accessible to external treatment.

Deep intra-mural, or even sub-mucous tumors may be treated by this method, but the results are less and less favorable the more the uterine cavity is opened.

Sometimes the uterine walls are so occupied by the new growths that their total removal can only be accomplished by the excision of the entire uterus, or at least that portion above the cervix. This operation is one of the gravest in surgery, and gives, in the hands of nearly all operators, a high mortality. The total extirpation of the uterus, including the cervix, by way of abdominal section, has not been very often done, but with present methods should give more favorable results than supra-vaginal hysterectomy.

In the latter operation the stump very often gives trouble either from hemorrhage or sepsis.

Complete removal of the uterus at the vaginal junction, approaches the conditions of vaginal hysterectomy, and should give very little higher mortality than the latter. However, at best, the complete or partial extirpation of the uterus is an operation of great gravity, and should only be resorted to when all other means promising success have been tried.¹

Tait has called especial attention to the soft oedematous myo-fibroma, which often gives the impression, on examination, of containing cysts. This tumor frequently fluctuates in size, being now larger, now smaller, without any apparent cause. These, as well as fibro-cystic growths of the uterus, are particularly suitable for complete extirpation by abdominal section. No other operation or method of treatment seems to control their growth or arrest the hemorrhage which is a frequent accompaniment.

In 1872, Lawson Tait, of Birmingham, and Alfred Hegar, of Freiburg, almost simultaneously devised the operation of removal of the uterine appendages—ovaries and Fallopian tubes—with the view of artificially inducing the menopause and thus arresting the growth of fibroid tumors by cutting off the princi-

pal source of blood-supply to the growth. This operation has now probably been done over one thousand times with very satisfactory results. Tait's own results, as shown in a statement recently furnished by him,¹ are extremely favorable. In 426 cases, 16 died, a mortality of 3.75 per cent. Tait also declares that 95 per cent. of the cases of fibroid operated by removal of the uterine appendages are cured, that is to say, the bleeding is arrested and a large proportion of the tumors diminished in size, some disappearing altogether. These effects have been established by many observers, especially when the cases have been properly selected. As above pointed out, in the soft oedematous growths the arrest of the bleeding does not seem to follow so regularly as in the hard, nodular fibroids.

The cause of the arrest of the hemorrhages, after renewal of the appendages, is probably due, as suggested by Mr. Knowsley Thornton,² to cutting off the blood supply by ligature of the large vessels in the broad ligament, and not merely to removal of the ovaries and Fallopian tubes. As a matter of fact the mere extirpation of the ovaries alone often fails in producing the expected result.

The high mortality of the abdominal hystero-myomectomy, and the opposition on many sides to the removal of the ovaries, which it was claimed by many, unsexed the woman,³ led Dr. George Apostoli, of Paris, about 1882, to experiment with the galvanic current in the treatment of uterine fibroids. It is true, Cutter, Kimball, and perhaps others, had used galvanism successfully for this purpose before, but Apostoli developed a method by which the application of electricity is reduced to scientific exactness. The improvements in the instruments for generating, measuring and applying electricity now permit the physician to administer this remedy, with as much exactness in dosing as any other therapeutic agent at his command. It would take too much time here to describe the apparatus or the methods in use. For a full description I refer to pages 327-350 of "Practical Electricity in Medicine and Surgery," by Liebig and Rohé, and to Dr. G. Betton Massey's excellent little book on "Electricity in Diseases of Women," both published by F. A. Davis, Philadelphia.

In 1887, Dr. Apostoli reported 278 cases treated by this method with a successful result (arrest of hemorrhage, diminution in size, disappearance of pain and pressure symptoms) in 95 per cent. The average number of applications was fifteen in each case. In August, 1889, Dr. Thomas Keith and his son, Dr. Skene Keith, published a detailed record,⁴ without commentary, of 106 cases treated according to the method of Apostoli. The average number of applications in the cases treated to a termination was twenty-eight. Three of the cases died during or shortly after the discontinuance of the treatment, but in neither case was the fatal result attributable to the applications. Admitting, however, for the sake of argument, that the electricity was the cause of death, a mortality as low as 3 per cent. cannot yet be claimed by any operator in hysterectomy, and even in the comparatively safe operation of removal of the appendages, very few operators can show as favorable results, as Keith has obtained with electricity.

¹ Mac Naughton Jones: Diseases of Women; Fourth Edition, p. 340.

² American Gynecological Transaction, 1882.

³ This objection is not tenable, as the "unsexing" consists merely in anticipating the menopause, which is one of the natural characteristics of the human female.

⁴ The Treatment of Uterine Tumors by Electricity, Edinburgh, 1890.

¹ Several American surgeons have done complete extirpation of the uterus successfully, and A. Martin reports eleven recoveries out of sixteen operations, a pretty high mortality.

Fritsch's mortality in all cases of hystero-myomectomy, including enucleations is 25 per cent. Bantock's 22 per cent.

I have carefully gone over the record of the cases reported by Keith, and have been surprised at the almost uniform improvement noted. Diminution in size of the tumor, arrest of hemorrhage, relief of pain, and general improvement in the nutrition and spirit of the patient are recorded in nearly every case.

August Martin, the greatest living gynecological surgeon of Germany, has very recently¹ referred to 10 cases treated by him in the following words: "The results in these 10 cases show that hemorrhage, the most troublesome and dangerous symptom of myomata, may usually, indeed, be controlled; in fact, in those large multiple tumors, which apparently were situated intra-murally, and included the fundus, hemorrhage ceased nearly entirely. Several small tumors were not influenced in the same manner, and the hemorrhages continued unchanged in spite of very frequent sittings, so that here the result must be regarded as a very doubtful one. One patient, who had a myoma of the size of an ostrich egg, had such violent pains after seven sittings, that she insisted upon being operated. The operation was performed, and the patient recovered. A second symptom, often so frequently complained of, is the phenomena of pressure. These disappeared in all of 9 cases, so that in this respect the result is very satisfactory. An essential decrease in size has, up to now, not been obtained in any case."

This is not very enthusiastic, but Dr. Martin admits that the symptoms for the relief of which hysterectomy is at all justifiable, were relieved in his cases. He states that he shall continue "making experiments with the procedure."

Numerous other competent observers in France, Germany, England, and in this country, have had successful experience with this method, and although there is still a good deal of sneering at the method as being useless, and withal dangerous, and those who use and advocate it are denounced as quacks and "low down, no-account sort o' pussons" generally, electricity in the treatment of fibroid tumors of the uterus has come to stay, and demands investigation. Ridicule and denunciation are no answers to plain records of facts submitted by Apostoli, Zweifel, Martin, Keith, and many others, less eminent, perhaps, but still of some account in the world.

Some of those who use the electrolytic method, apply it in office or dispensary practice, allowing the patients to walk or ride considerable distances after the application. This I regard as imprudent, and likely to cause trouble. All the cases in which serious symptoms, or a fatal result followed after the use of electricity were such as had imprudently exposed themselves. I regard it as important that several hours at least of perfect rest should follow each application. To allow this course to be pursued it is requisite that the patient should be treated at her own home, or in a properly fitted institution.

It goes without saying that careful asepsis of the genital canal should be maintained during the electrical treatment, as well as in the gravest and most delicate surgical operations.

Laparo-hysterectomy puts the woman in jeopardy of her life, and keeps her a helpless invalid for at least one month. The electrolytic treatment keeps the patient under moderate restraint for a period of two or three months, does not endanger her life, and leaves her generally in such a condition of comfort and health that she is satisfied to live her allotted

days, even though she is obliged to carry her tumor with her to the grave.

I would not advocate the exclusive use of electrical method in the treatment of uterine fibroids. As stated in the beginning of this paper a rational discrimination is demanded of those who treat this condition. Many cases are readily relieved by vaginal or intra-uterine division of the pedicle by scissors, ecraseur, or galvanic cautery wire; others are best treated by vaginal, intra-uterine, or abdominal enucleation. Large oedematous tumors or fibro cysts should be treated by laparo-hysterectomy; bleeding fibroids of not too great size, are proper cases for removal of the appendages, and most large chronic, immovable tumors, choking up the pelvis, causing pain, pressure-symptoms and hemorrhage yield to the proper, patient employment of the galvanic current after the method of Apostoli.

18 WEST FRANKLIN STREET.

SHOULD HYPNOTISM HAVE A RECOGNIZED PLACE IN ORDINARY THERAPEUTICS?

By NORMAN KERR, M.D., F.L.S.,

Fellow of the Medical Society of London; President, Society for the Study of Inebriety; Vice-President International Congress of Medical Jurisprudence; Corr. Mem. Medico-Legal Society of New York, and American Society for the Study and Cure of Inebriety. Author of "Inebriety: Its Etiology, Pathology, Treatment, and Jurisprudence," etc.

AS I read, recently, in the columns of a medical journal, of a grave assemblage of medical practitioners giving utterance to feelings of astonishment at the painlessness of that generally agonizing process, the extraction of teeth, and other painful operations, at the reception of false beliefs and the display of eccentric contortions, while the persons operated on were unconscious of their vagaries, I could not help conjecturing that these, my learned professional brethren, were but rubbing their eyes while awakening from more than a quarter of a century of sleep as profound as that of the eleven thousand virgins of Cologne. Where had these Esculapian eyes been all these years?

Nearly thirty years have come and gone since, a fledgling in medicine, I witnessed even more mysterious performances than these hypnotic phenomena which have lately been over-awing medical and lay Rip van-Winkles. I might have alluded to the wonderful exhibitions of a like character in the days of Mesmer, fully one hundred years ago, and have gone a long way further back in the East for similar exhibitions; but at present it may be judicious to speak what I do know and testify what I have seen.

In my judgment, the hypnotic or mesmeric wave is a neurotic epidemic which we, who profess the art of healing, have to run the gauntlet of, like measles, sooner or later in our professional career. I had both badly in my medical infancy, and, having escaped troublesome sequelæ, have no longing for a second attack of either.

Let me clear the ground by at once accepting as genuine most of the phenomena which have recently been claimed for hypnotism (though some at times occur independently of induced hypnosis) by Liébault, Heidenhain, Van Eeden, Tuckey, and others. It is true that there have been trickery and collusion in some alleged mesmeric or hypnotic displays, but almost every kind of demonstration is liable to simulation and fraud. The deception which has been practised in mesmeric and hypnotic performances may be left out of account. I have no doubt of the genuineness of the hypnotic phenomena favored by some of our professional brothers.

¹ Introduction to American Translation of Martin on Diseases of Women. Boston, 1890. p. xxix.

Undoubtedly persons have been sent artificially to sleep, and, while in that hypnotic state, have borne without consciousness, manipulations which would have given them acute pain had they been in full possession of their senses. In that state such persons have been made to accept false beliefs as real, and to assume all manner of attitudes at the will of the operator. Undoubtedly, as at Madras by Eisdale forty years ago, major operations have been performed on natives without the infliction of a pang or the recollection, on awakening, of an ache. Undoubtedly pain has been relieved and some ailments have apparently been cured by hypnotic suggestion, as of late at Nancy, Paris, and Amsterdam, and formerly in our own country by Gregory and Braid. Undoubtedly, while in a state of artificially induced somnambulism suggestions can be impressed on the susceptible subject, which may last for a longer or shorter period, which within certain limits may be carried out at a given time suggested by the hypnotist.

Freely acknowledging all these facts (which, with additional phenomena, I have verified), it may be asked: "How do you account for them?" I candidly confess that I cannot, though plausible explanations have been attempted, such as the most recent, "disturbed inhibition." Closely as I have watched the phenomena of hypnosis I have been able hitherto to discern only a disordered cerebral state, an abnormal psychical condition characterized by exaltation of receptivity and energy. The neurotic susceptibility to hypnosis, like the religious epidemics of the middle ages, breaks out now and again, and for a limited period may by mental contagion possess a community.

Having thus conceded the claim put forth, on behalf of hypnotic suggestion, as in some instances effecting certain immediate apparently beneficial results in susceptible subjects, it remains to consider whether such a means of alleviating the suffering of some is desirable and justifiable in ordinary therapeutics.

In determining this question various considerations must be taken into account.

1. Only a limited number of patients can be hypnotised. This is specially true of the Anglo-Saxon race.

2. In many persons, after hypnosis, nerve equilibrium is apt to be disturbed, the nervous balance upset, and nerve energy dissipated. Such have an intense feeling of languor and exhaustion, indicative of profound neurasthenia. This neurasthenic collapse frequently repeated may lead to deterioration of brain and nerve function—a physical degradation as well as an intellectual decadence and a moral perversion. There are neurotics whose appetite (under hypnosis) for *outré* actions is insatiable, who, when hypnotised cannot get too many and too eccentric tasks to perform. In these cases this morbid desire increases at each *séance*. This is a kind of non-alcoholic inebriety, a form of teetotal intoxication, which presents grave aspects, not to be found in alcoholic or any other narcotic intoxication.

3. Hypnosis is not a healthy but an unhealthy condition, a disorder of nervous function, an abnormal state. When we meet with similar phenomena in hysterical subjects on whom no hypnotic influence or suggestion has been attempted by any one, we have no hesitation in recognizing and treating these trance and somnambulist manifestations as symptoms of morbid nervous perversion. Why should we show such neurotic phenomena greater

deference when they are artificially produced? Why should unintentional auto-hypnosis be deprecated as a symptom of disease calling for medical treatment, as when undesigned auto-hypnosis has been induced by rapt, absorbed, devotional gaze on some sacred image, and hypnosis, by intention and at the suggestion of another person, be cherished as a healthful help to recovery from disease?

4. Whatever the immediate effect of hypnotic suggestion, a true though temporary neurosis has been set up. Charcot, from his observations at the Salpêtrière, has noted three stages in hypnosis, the lethargic, the cataleptic, and the somnambulistic. Especially in the lethargic, and to a large extent in the cataleptic, the unconsciousness is apparently complete. In these two stages the patient does not move. For the moment his will is inoperative. In these stages he is rarely amenable to suggestion. In the third stage, that of somnambulism, he can read and hear, he can receive and carry out the suggestion of the operator who hypnotises him. When he wakes, he can remember nothing that happened during his hypnotic sleep, though he may automatically carry out the suggestions which had been made to him, which may recur to him at the next somnambulistic *séance*, unless an opposing suggestion has been impressed upon the brain. All these phenomena, as well as the somewhat loosely defined five hypaotic "degrees" of the Nancy School, constitute a chain of abnormal neurotic symptoms. A departure from health has been artificially induced. It does seem to me that while in the flesh we are liable enough (especially in these days when to the multiform and omnipresent bacteria and microbes a tremendous potentiality of disease generation is ascribed) to bodily and mental maladies without, like the artificial hatching of chickens by the incubator, rearing by art an innumerable progeny of some of the most subtle ills to which flesh is heir—disorders of the brain and nervous system.

Thus, even if it can be demonstrated that a disease may be cured by hypnotism, this is accomplished only by a disadvantageous exchange of maladies, the substitution of a graver diseased state, a transformation, a metamorphosis which, however sensational and brilliant as a *coup de théâtre*, is not a truly curative process, and should have no support, unless in extraordinary circumstances, from such members of the medical profession as practice their calling with a single eye to the genuine healing of the sick. There are circumstances in which the production of a less serious disease is justifiable and useful, for example, in a resort to vaccination as a protection against the greatly more fatal disease of small-pox, and in the temporary cerebral disturbance of a narcotic (which has not the power of a hypnotist to modify its action) for purposes of permanent or greater evanescent benefit. To establish a case for hypnotism under these exceptional conditions it fails to be shown that the cerebral disorder produced thereby is less grave, in character and potentiality, than the original malady and other remedial measures.

5. Is disease really cured by hypnotism? Though I have seen pain relieved and distress alleviated in a few cases by mesmerism and hypnotism, I much doubt if disease is often cured thereby. Some physicians, in the height of their new-born amazed delight at agony assuaged as by a charm, have assumed that a cure has been effected. This is often a premature conclusion. It is generally easy to obtain a respite from pain. But that blissful interregnum is no proof of the cure of the disorder of organ or func-

tion from which the pain took its origin, and of which unhealthful disturbance it was a portentous and timely warning. A patient, consuming away with an agonizing ailment, breaking through the dietetic restraint under which his life was being prolonged, enjoys a complete, though evanescent respite from his sufferings during a paroxysm of intoxication. But the disease from which he is dying is not cured, rather aggravated.

Though the sensation of pain may be abolished for a time and a painless interval be secured, it does not follow that good remedial work has been done. Very often pain is but an emphatic message, like an urgent telegram, to call our attention to something radically wrong in our internal economy. If in such cases we deaden the pain we are only silencing the unwelcome though merciful and necessary messenger, by which pain-killing lulling us into false security, the disorder within may acquire increased lethal power. It is, however, in certain circumstances, legitimate to endeavor to obtain relief from pain, when its severity or persistence, apart from the pathological origin of the suffering, is unbearable, or perilous to reason or life.

The few cases I have seen derive apparent, if temporary benefit, would probably have done as well under ordinary treatment had they not either resisted that, or been passive, instead of giving themselves up as they did to the hypnotist. They had a wish for cure and strong faith in the process, the efficacy of which was heightened by the congenial and impressive surroundings. Under such favoring conditions there would be a fair crop of successes for "faith healing," the "mind cure," the "movement," the "blue electricity," or any other "cure." The greatest success which has been claimed for hypnotic suggestion has been in the alleged cure of nervous affections. My observations is that this is the very class of ailments which, though apparently improved for a time, is in the end confirmed and intensified. Of one group of diseases of this kind I can speak with some precision. It has been asserted, especially by some non-medical hypnotists, though also by a very few medical enthusiasts in hypnotism, that they have cured a larger proportion, than by any other means, of their cases of what they are pleased to call "dipsomania." An erroneous designation by the way; for, unless when suffering from "hot coppers" after a debauch, many inebriates are never thirsty. Such do not drink because they like the intoxicant. On the contrary they often hate it with a perfect hatred. "Topsymania," as Punch christened it, is a more accurate term. Inebriety is truly an intoxication-mania, or, as I have ventured to call it, a torpor or Narcomania. Though hypnotism has been tried in inebriety by several medical experts, it has not been found useful as a remedy by a single American or English expert specialist of repute in the treatment of any form of that protean malady.¹ Of course there is a certain percentage of cures under hypnotic treatment, as indeed there is with no treatment at all, by sheer self-determination. Inebriates usually put themselves under the hypnotist and give themselves up to him. I have seen such cases cured without hypnosis and without residence in a Special Home.

¹ To dissipate a misapprehension which I had not foreseen, it may be judicious to explain, that by specialist-experts, I mean medical men who have devoted themselves mainly to the scientific study and treatment of inebriety as a disease, and who have had large numbers of inebriates under their care.

But, frequently, inebriates entering such a Home do so under pressure. Indeed, I have known inebriates made thoroughly drunk, and even drugged, and taken to a Home without their consent or knowledge. In these circumstances a thoughtful and experienced physician would see little hope of cure.

The last occasion on which I induced hypnosis was years ago on an inebriate, in an emergency to save my life; when my windpipe was steadily being compressed by a strong man in delirium tremens, who had me in an ungarded moment at his mercy in the corner of a steamship's cabin, powerless to cry out for help. Yet the suggestion, though effectual at the time, had little post-hypnotic permanence.

In the treatment of alcoholomania, morphomania, etheromania, and other allied diseases, I must, however, acknowledge that, in addition to hygienic, pharmaceutical, and other therapeutic measures, I largely make use of suggestion. By this I mean healthy suggestion, not suggestion as employed by Bernheim to induce morbid eccentric manifestations.

Suggestion is employed by all physicians, consciously or unconsciously, if they have at heart the welfare of their patients, or even if they have any decided opinion. The stronger the faith of the patient in the physician the better is the hope of benefit. When the patient hangs upon the lips of the doctor, the latter's every direction or expression of opinion is practically a suggestion of the purest and most satisfactory character, impressed permanently upon an expectant and receptive brain. Such a suggestive process is as unobjectionable as it is remedial and scientific. There is neither pitfall for the suggester nor peril to the suggestee, for both are in the full possession of consciousness. Suggestion in hypnosis is, so to speak, a mechanical impression on a soulless unthinking mass, which suggestion may or may not have a post-hypnotic life. Non-hypnotic healthy suggestion is an interchange of intellectual thought, a reasoning appeal to an intelligent and sentient being. To sound suggestion must be ascribed the success and the reputation of our best alienists and physicians.

6. The dangers involved in the practice of hypnotism are very great. To succeed in obtaining an apparent cure, in many cases the *séances* have to be repeated for a more lengthened period than often suffices for the malady to run its course, when treated by orthodox medicine. At each sitting the subject comes more and more under the control of the operator, till a spiritless subservience to the operator's will may lay hold of the hypnotee, who in some cases degenerates into a mere automaton without any backbone, a jelly-fish mass without mind or will of his own. This is a state of mental serfdom which is infinitely worse than days of pain and nights of agony. There are such wrecked lives among us, the unhappy results of former well-intentioned medical and non-medical hypnotism. What chiefly opened my eyes to the perilous tendency of hypnotism, was the onset in some apparently highly benefited cases, in the practice of as honest a man as ever lived, of mental instability developing, in at least one case, into insanity.

7. One peculiarly grave occasional consequence of repeated hypnotic acts is that between the operator and the subject, a subtle affinity or *rapprochement* may develop, which may involve both subject and operator. This obscure affinity of affectivity may, by a process of involuntary non-hypnotic auto-suggestion, insensibly yet gradually grow upon the performer till

he is in danger, though sorely against his will, and despite a strenuous struggle, of being unable to resist dangerous morbid impulses. In the person of both parties such an unhappy issue may co-exist with fervid emotional religion.

8. Hypnotic suggestion is liable to other grave abuses. The hypnotist may commit an offence upon the hypnotee during the lethargic and cataleptic states; and may by suggestion (even sometimes when not in the presence of the subject) force the hypnotee (in the somnambulistic state) to commit a criminal act, and at the same time refuse to disclose whether the suggestion had been made, and, if so, who was the author. Five cases of the first category are recorded by Gilles de la Tourette in his "*L'Hypnotisme au Point de Vue Médico-Légal*" (Paris, 2d ed., 1889), and cases of the second category have also been the subject of judicial procedure (Castellan, 1865, and other cases).

So liable to abuse has the practice of hypnotism proved in France that the French army and navy surgeons have been forbidden to practice it on their patients; and in Belgium it is proposed to enforce certain restrictions in civil practice.

9. Apart altogether from these 'grave abuses to which hypnotism is liable, the fact remains that some of the hypnotized come quite under the control of the hypnotist, mere puppets in his hands. This is a weighty objection to which no answer has been attempted. I can conceive no circumstances which can justify the placing of the control of a man's or woman's thoughts and actions in the keeping of a fallible fellow-mortals; no circumstances which can warrant the dependence of any one's sobriety or insobriety on the pleasure of another person.

The plea has been offered that no one can be hypnotised unless he choose. This is, generally speaking, true in the main, but (1) no small number of human beings are ever ready to be the prey of anything new or bizarre, and (2) repeated, persistent, cunningly devised attempts by a skilful and experienced hypnotiser may secure that degree of fixed attention, expectancy, and mind concentration, and break down the resisting power to that level, where further resistance is unavailing.

It has been contended that the possible abuse of this remedy is no objection to its deliberate use, as with chloroform. To this it is sufficient to reply that chloroform has only a restricted effect on body and brain, and is a material substance, the action of which is limited and known; whereas hypnotism places the trained subject at the mercy of another individual open to temptation and auto-suggestion to abuse his capacity to inflict untold mischief on the body and morals of the submissive subject.

It may be urged that the hypnotee may resist suggestion in the hypnotic state. This does occur in some cases, but is the exception. The restoration and re-assertion of long dormant inhibition is an arduous and difficult task, few having the courage and perseverance to succeed.

In view of all these possible abuses and dangers, it passes my comprehension how it could ever have been contended that family medical practitioners should practice hypnotism on patients of both sexes and all ages, as a part of their regular daily work. Surely the perverted actions of hysteric patients, and the existing chances of groundless and serious charges to which we are already exposed, are more than enough, without the addition of hysteria-cum-hypnosis complications. In such a prospect the question would appropriately arise: "Is medical life worth living?"

I cannot find language strong enough to express my abhorrence of the disgusting and degrading exhibitions to be seen in many public places of amusement, as well as in select circles of fashion, sometimes for mere amusement, sometimes in philanthropic guise, sometimes for pure gain honestly enough professed, at which men, women, and young people are made to perform ridiculous antics, and to unconsciously play the fool, to the detriment of their mental health and the depraving of the public taste. Such demoralizing performances have been suppressed in Holland and Switzerland, which countries have set an excellent example for Britain to follow. I have read, with a glow of shame on my cheek, that reputable physicians have patronized such entertainments, and by their testimony, in addition to their presence, have thrown the ægis of professional sanction over the saddening and regrettable proceedings. The performers, though culpable, have usually the excuse of striving for a livelihood, and in my opinion are not nearly so blameworthy as are their medical patrons.

If, notwithstanding the nervous and mental disorganization which it frequently induces, hypnotism continue to be considered lawful, the practice of it ought not to be allowed (except in an emergency) unless for strictly scientific purposes, as in the study of the psychology of the phenomena,¹ or therapeutically in very exceptional cases, by responsible medical men, in the presence of at least one other duly qualified colleague, with a third adult (such as a trained attendant or nurse) present, a record being kept of each *séance*, its object and its results. There should also be recorded as accurate an after-history of the cases as can be obtained.

With these precautions a minimum of risk would be run; but, with our present knowledge, as regards therapeutics, I candidly confess that I would infinitely rather see the medical profession set its face against the whole hypnotic process as a hazardous and unreliable remedy, never free from the risk of perilous sequelæ, involving serious medico-legal responsibility, liable to the gravest abuses, operative with only a limited number of persons, the general tendency of which is apt to be inimical to the best interests of patient and physician, to induce hysteric and allied morbid affections, to produce cerebral conditions conducive to mental unsoundness, and to transmit to posterity permanent pathological nervous susceptibilities, with an ill-balanced and unstable brain, more especially in these days of nerve riot, exhaustion, and unrest, when o'erwearied nature yearns with an unutterable yearning for even the briefest space of oblivion and repose.

"Hypnotism and hysteria are very near of kin."
"Hypnotism is a genuine neurosis, not a physiological state."—Charcot, 1890.

NOTE.—Puysegur published rules for treatment by hypnotic suggestion, with cases, one hundred and six years ago.

GEORGE KEIL, has in preparation a medical and dental register directory and intelligencer for the States of Pennsylvania, New Jersey and Delaware, to be ready early in 1891. He desires to have from every physician data as to his graduation, residence, office hours, etc. The publisher's address is 1715 Willington street, Philadelphia.

¹I well know how intensely interesting such a study is, but it is so absorbing and fascinating that in the interest of both observer and observed, it is imperative to exercise constant vigilance and self-restraint for the preservation of sound mental health.

Society Notes.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting October 17, 1890.

V. P. GIBNEY, M.D., Chairman.

NON-UNION OF FRACTURED RADIUS.

DR. C. A. POWERS exhibited a patient in whom this condition had existed for many years, and also showed an extension apparatus which had given relief. The first fracture occurred twenty-nine years ago at the junction of the middle and lower thirds. A refracture took place eighteen years later, and united with deformity and disability. The radial nerve had become involved in the callus, and this gave rise to such intense pain that she underwent an operation for its relief, five years later, in which the bone was again fractured. All attempts to cause this fracture to unite failed. When she came under the care of the speaker, in May of the present year, it was found that the carpus had slipped upward with the lower fragment of the radius, and had caused the ulna to project very forcibly against the soft parts, giving rise to much pain in the region supplied by the ulnar nerve. As further operative measures were not deemed advisable, a simple extension apparatus was applied, and had answered admirably.

DR. A. M. PHELPS said that he thought it had been wisely decided not to subject the patient to further operation, as fractures of the radius, and of the lower third of the tibia, were peculiarly prone to non-union. Out of about three hundred osteotomies, he had had only one case of non-union, and that was after an operation for the correction of an anterior tibial curve. Operations by himself and others had failed to bring about union. Thomas, of Liverpool, claimed that such fractures could be made to unite by pounding the parts with a mallet; but in his experience, this method had not proved successful, and he thought that where there was muscle between the ends of the bone, and the peculiar, ivory-like condition of the ends of the bone—which was not uncommonly present—none of the methods heretofore proposed were likely to prove successful. He had very recently proposed and performed a new operation, which he thought might prove successful. It consisted in cutting down upon the ununited fracture, freshening the ends of the bone, and grafting in between them a part of the forearm of a dog—both patient and dog being secured in plaster of Paris. When the graft had united firmly, the dog's leg would be amputated, and the skin flaps of the dog united to those of the patient.

HIP-JOINT DISEASE AFTER TYPHOID FEVER.

DR. J. MCG. WOODBURY presented a girl of eleven years, who, six months after a severe attack of typhoid fever, was found to have some limitation of motion and pain at the right hip, with distension of the capsule. Flexion caused lordosis, and some pain. She was treated by counter irritation over the joint, and a plaster of Paris spica bandage, and was allowed to walk around upon a high patten, with crutches. Now, after a period of eight months, there was no pain.

A CASE OF OSTEO-MALACIA.

Dr. Woodbury also presented a case of this nature. The patient had lived in Switzerland until twenty-

six years of age, and had suffered considerably from exposure during the late war. On October 26, 1886, when forty-three years of age, he sustained a fracture of the surgical neck of the left humerus, and between that date and May 26, 1890, he received five other fractures—viz., two of the left humerus, two of the right humerus, and one of the left clavicle. Most of these fractures were caused by very slight falls. During the last three months—but more particularly since the first of last August—a tumor has been rapidly growing between the sites of the two fractures of the shaft of the right humerus. Two small tumors may be observed upon the clavicle—one at the point of the fracture, and the other to the inside of it. A specimen, removed from the large tumor with a harpoon, was sent to Dr. J. S. Ely for microscopical examination, and he reported that it contained "polyhedral cells, and occasional large spindle and giant cells." He adds that this "speaks very strongly for sarcoma." A loud murmur, similar to that heard in aortic aneurism, is audible over the large tumor. Dr. Woodbury said that as in cases of tumor of the middle of the spinal cord, osteo-malacia, due to trophic disturbances, is one of the early symptoms, concurrent with disturbances of sensation, he had referred the case to Dr. M. A. Starr, with the hope of learning more about the etiology of this interesting condition. Dr. Starr examined the patient on two or three occasions—the last time only a few days ago—and had reported that there was no central lesion of the cord. The patient had had no pain with the fractures, or upon resetting these bones, and this, together with the fact that there had been no fractures of the lower extremity, seemed to favor the view that the condition was due to a syringe myelia, or tumors of the cord.

DR. POWERS said that Dr. Woodbury's case of multiple fracture with tumors was very similar to a case of multiple sarcomata which he had recently presented to the Surgical Section.

DR. V. P. GIBNEY thought the pulsation in the tumor might be due to the condition of the tumor itself. In other words, it might be a pulsating sarcoma.

ANKLE-JOINT DISEASE.

DR. A. B. JUDSON presented a case of this disease which he said was interesting because the child had suffered from this condition almost all her life. The disease began at the age of one year, and she is now about seven years old. Notwithstanding that she had been under mechanical treatment only two years, she had recovered with but little disability and deformity. There was considerable lateral motion at the ankle-joint; extension was almost normal; flexion was arrested at about 90°. Scars on both sides of the ankle showed where abscesses had opened spontaneously. There was a difference of one inch between the two calves, and the shortening amounted to only a small fraction of an inch. This result had been obtained by the use of a simple brace, and without resorting to any operation.

DR. JOHN RIDLON presented an astragalus which had been removed by Dr. B. Farquhar Curtis from a child, which had been brought to the speaker when only six weeks old. He had faithfully tried stretching, and the various retentive appliances, during a period of one and a half years. Dr. G. S. Huntington had then operated by Dr. A. M. Phelps' open method, but without improving the condition. The specimen which he presented was interesting on account of two bony prominences which it showed, and which apparently had been the obstacle to flexion of the foot.

THE TREATMENT OF ANKLE-JOINT AND TARSAI DISEASE.

The paper of the evening, with the above title, was read by DR. T. HALSTED MYERS, who also presented a patient illustrative of this subject.

Dr. Myers said that tubercular inflammation might attack first, the synovial membrane; later, the cartilage; and lastly, the bone; or, the primary local focus might be in the bone.

While it was still confined to the synovial membrane, a number of surgeons recommended erosion. If it had attacked the bone, many more urged operative methods, irrespective of the general health of the patient. The author considered only the latter condition.

Simple incision was of no advantage, for we had no element of tension, as in acute processess, and we only opened new channels of infection, leaving the original disease unchanged.

The usual method of treatment—curettage the abscess walls and the sinuses—could not be expected to remove all disease, and would greatly increase the risk of absorption. The success which had been secured in some of these cases seemed to be due to the power of the antiseptic agent to render inert the bacilli which remained.

The rational method was to remove all the disease at once; but apparently healthy bones contained tuberculous foci, and hence, it was a most difficult problem to know when to stop; and, in fact, this could not be determined at the time of operation. If all the disease were successfully removed, the duration of treatment was less than under conservative methods. The ultimate results were, however, less satisfactory. He had seen a considerable number of misshapen and atrophied feet after operative treatment, which were weak and painful, and required support to render them able to bear the weight of the body. He had not observed such results from conservative treatment. It was confessedly difficult to ascertain the ultimate results; and, although Dr. Shaffer had kindly placed the records of the New York Orthopaedic Dispensary at his service, he had not been able, in the short time at his disposal, to do more, in most of the cases, than quote the histories.

The number of cases treated before July, 1888, was 55, and of these he knew personally that at least 21 were cured. Five were cases of synovitis, and 16 of osteitis. The average duration of treatment in the latter was twenty-one and a half months, the longest case being under treatment fifty-five months. The results in all were extremely good; yet, under careful private treatment, still better results should be expected.

From our knowledge of the various ways in which the bacilli of tuberculosis may be spread in the body, it would seem that a primary tubercular process in a joint must be extremely rare. Drs. Prudden, Northrup, Biggs, and Thacher, to whom he had written for information on this subject, all considered that these affections were generally secondary, but agreed that primary joint lesions did occur. The practical importance of this was that the danger of general infection from a joint lesion which was not interfered with surgically, was an entirely unknown, and probably extremely small, quantity.

Of the whole number treated (fifty-five), but three had died—one of diphtheria, one while tarsal disease was active, and the other, six months after a note of "nearly cured" had been recorded. In neither of the latter was the cause of death stated. However,

in Dr. Scudder's report of eighteen cases of excision, six deaths occurred; three were due to the operation, or its direct effects; another might have been; and the other two were from tuberculosis, but occurred one, and two years after the operations.

The treatment of synovitis consisted in absolute protection of the joint from traumatism. In children, he considered a perineal crutch absolutely necessary while walking. Ordinary crutches were invariably laid aside at times, and the joint left unprotected. In addition to this crutch, the foot should be protected by a splint to avoid local injuries, and to maintain a good position. There being no involuntary muscular spasm, while the disease was confined to the synovial membrane, traction was not necessary.

In cases of osteitis, the same protection of the joint was imperative, and if there were pain and spasm, indicating the necessity for traction, this could be applied at the ankle, by means of a Dow's brace, or the apparatus of Dr. Sayre, or Dr. Foster.

The application of adhesive plaster to a painful ankle required more care than a dispensary case was willing to give, especially when abscess was present. For this reason, he had found it most serviceable to employ a leg brace, or plaster splint, worn constantly, and a perineal crutch for walking, which could be laid aside at night; or the Dow's brace as modified by Dr. Schaffer, might be used.

Abscesses should be left entirely alone, and the sinuses simply kept aseptic. After the joint was considered cured, it was well to wear an ankle brace for some months to prevent twists. The malpositions found in the acute stages were almost entirely due to muscular spasms, and did not require tenotomy, or other operative treatment.

In the later stages, there might be bony changes, and these, if not painful or progressive, did not require treatment. However, if these conditions did exist, and yet there was no evidence of active disease, an attempt should be made to restore and preserve the normal relations of the parts.

The value of hygienic surroundings during the treatment of these cases could not be overestimated. His observations had been made on children only, and for contrast, an extended series of cases in the adult would be very valuable. Without exception, every one of his cases of ankle joint, or tarsal osteitis in children, had done well under conservative treatment, and he had yet to see the case which he would condemn to erosion or excision.

DR. N. M. SCHAFFER said that his own experience led him to think that one point in Dr. Myers's paper should be particularly emphasized, *i. e.*, the necessity of absolute protection of the articulation. He had accomplished this in practice, whenever possible, by the use of a modification of Dow's brace, and had found that adhesive plaster was rarely required, as a well fitting shoe made efficient counter-traction. He thought that the further removed the tuberculous joint was from the centre of the body, the more benign was the disease, and the less the danger of general infection; and he was inclined to speak more strongly of the conservative treatment of ankle joint disease, than of any other articulation in the body.

DR. RIDLON thought these cases did well with the Dow's instrument; but with this, as with some others, we could not secure immobilization, but only protect the joint from the jar of walking. He had seen such excellent results in cases of suppurative ankle joint disease, without any treatment whatever, that he often doubted how much of a good result could be attributed to the treatment received.

DR. H. W. BERG said that he had had such good results in the treatment of phthisis by the administration of the bichloride of mercury, in doses of one-twenty-fourth of a grain, three times a day, that he was inclined to believe the old theory that tuberculosis was really a change in the syphilitic virus, due to passing through several generations. He considered that splints like Dr. Judson's were imperfect, for, by taking their bearing from the outside of the foot, intra-articular pressure was increased. To diminish this pressure, the foot must be adducted and rotated inwards.

DR. PHELPS was of the opinion that the vast majority of these cases were cured by immobilization and relief of intra-articular pressure, but in suppurative cases, he believed that the soundest and most scientific surgery demanded operative measures. If we could protect the hip joint as well as the ankle joint, we ought to get equally good results in hip diseases. He believed that these cases were inoculations of pathogenic germs on a diseased surface, and that they were purely local.

DR. R. H. SAYRE exhibited a splint which his father had devised for an adult with ankle joint disease. He agreed with Dr. Ridlon that it was difficult to apply traction at this joint, but he thought this splint solved the problem. His views regarding the prognosis and treatment of this disease were in accordance with those just expressed by Dr. Phelps.

DR. SAMUEL LLOYD said that fifteen cases of adult ankle joint disease had been treated in the New York Post Graduate School by the so-called conservative method, but the relapses had been very frequent, and he thought this method was less likely to yield good results in adults than in children. In answer to questions from the Chairman, he said that several of the cases were due to injury, and a number of them were suppurative, while four were recorded as synovitis. Two of the cases had been discharged as cured before 1883, and were known to be well in 1889.

DR. JUDSON protested against the statement that cases of disease in the ankle should do equally well without treatment, although neglected cases of ankle joint disease would have nothing like so bad a deformity as those at the hip.

DR. H. L. TAYLOR also spoke about the different mechanical conditions present at the various joints. The weight of the limb exerted great leverage upon the joint, especially in a spasmodic condition of the muscles. It is more marked at the hip than at the knee, and very much more noticeable than at the ankle. He referred to a case of ankle joint disease occurring in a distinctly phthisical subject, where the sinuses were treated by injections of a saturated solution of iodoform in ether. The beneficial effect upon the healing process was almost magical.

DR. GIBNEY said that about ten years ago the surgical section of the Therapeutic Society of this city spent about two years collecting data relative to the comparative results obtained by the operative and non-operative treatment of this condition; and the conclusion was that the conservative method yielded the greater number of useful ankles, even in cases where the foot was seamed with cicatrices. There were two or three operative cases having a high degree of equinus, and a stiffened and shortened joint, and one or two flail joints were also shown. In his experience, cases of adult ankle joint disease relapsed again and again on the slightest provocation; later on, abscesses would appear; still later, pulmonary signs would develop, and then amputation would follow. As regards the mercurial treatment of tuberculous disease of the

joint, he need only call attention to the fact that many years ago the routine treatment for these cases at the Hospital for Ruptured and Crippled was one-twenty-fourth of a grain of the bichloride of mercury in tincture of bark, three times a day; and the results attained by this treatment were certainly far from striking.

The Polyclinic.

UNIVERSITY OF PENNSYLVANIA.

PROF. GUITERAS has been granted leave of absence for sixty days, and started for Berlin on November 20, for the purpose of investigating Koch's new method of inoculation for tuberculosis.

Dr. Formad will lecture on pathology during the absence of Prof. Guiteras.

DR. TAYLOR SUGGESTS FOR METRORRHAGIA:

R.—Ergotinae gr. xl.
Ext. nucis vomicae gr. x-xx.
Ferri redacti gr. xl.
M.—Et ft. pil. No. xx.
S. One pill three times a day.

DR. PEPPER GIVES FOR HYDROTHORAX:

R.—Mass. hydrarg.,
Pulv. scillae,
Pulv. digitalis. āā gr. xx.
Ext. nucis vomicae. gr. x.
M.—Et ft. pil. No. xx.
S. One pill three times a day.

Or:

R.—Hydrarg. chlor. corros. gr. j.
Potassii iodidi ʒij.
Spt. ætheris nitrosi. fʒss.
Aqueæ cinnamomi. q s. ad. fʒiv.
M.—S. One teaspoonful thrice daily.

FOR ACUTE TONSILLITIS:

Sodii salicylatis, gr. v-x every three hours, and for local application:

R.—Potassii chloratis, q. s. ad sat. sol.
Tr. ferri chlor.,
Glycerini,
Aqueæ āā fʒss.
M.—S. Use locally.

FOR SPASMODIC STRICTURE OF OESOPHAGUS:

R.—Ferri valerianatis,
Zinci valerianatis,
Quininae valerianatis āā gr. xx.
M.—Ft. pil. No. xx.
S. One t. d.

DR. PEPPER'S TREATMENT FOR ACUTE GASTRITIS:

1. Absolute rest for stomach.
2. Nutritive enemata.
3. To quiet stomach.

R.—Hydrarg. chlor. mitis. gr. ij.
Bismuthi subnit. ʒj.
M.—Ft. chart. No. xx.
S. One powder every four hours.

Or:

R.—Acid. carbolici gtt. iv.
Sodii bicarb. ʒjss.
Elixir. fʒss.
Aqueæ. q s. ad. fʒiv.
M.—S. ʒj every three hours.

4. Opium, hyoscyamus or asafetida by suppository for nervous systems.

5. Counter irritation over epigastrium.

Give nothing by mouth except for its local action on the stomach.

Especially avoid all purges. If one is necessary use calomel.

FOR ATONIC DYSPEPSIA:

R.—Zinci valerianatis. ʒss.
Ext. belladonnae. gr. iij.
Ext. nucis vomicae. gr. v.
M.—Ft. pil. No. xxx.
S. One pill after each meal.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Nov. 22, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

THE TIMES AND REGISTER,
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THE NEW CONSUMPTION-CURE.

IT is with feelings of sadness that we note the up-rising of another craze for a consumption-cure, in the public press. The time has not gone by very far since the Bergeon nonsense stirred the very depths of men's interiors generally; and the medical profession should not soon forget the result. So, now, the public has taken hold of Koch's reports, and a vivid imagination, unrestrained by any knowledge of the matter, has magnified it into a therapeutic millennium for consumptives. We will have these unfortunates, ever ready to grasp at straws, happy in the delusive confidences of a speedy cure, while sinking into the grave. Hopes will be excited in cases that are hopeless; people will rise from the bed of death, and undergo tortures to travel in search of an impossible cure. For it should not be forgotten that what we call pulmonary consumption is by no means a simple invasion of bacteria, but a most complex mixture of pathological elements. Many cases are not bacillar at all, but due to the causes of chronic inflammation in general. No "germicide" can be expected to cure an affection which is not produced or kept up by any sort of "germs." In many cases what we call consumption is simply death; molecular death. The vitality of an individual is capable of being measured quantitatively, as surely as the amount of his chest-expansion, or the force of his heart-beat. Exhaustion of the vital principle, the Jiva of Buddhist theosophy, means the extinction of vital life, and as man is not built like the deacon's shay, the feeblest of the vital organs dies first. For many reasons, civilization appears to have rendered man's lungs his most vulnerable point, and here his exhaustion of vitality appears to most frequently manifest itself. This process may be likened to the decay of the oak; or to senile degeneration in those whose vitality is great, and their organs fairly well-balanced in the power of resisting noxæ. For the first class of consumptives, we cannot look for a specific remedy until we know that chronic inflammation has a specific cause. For the second class, we must wait until Brown-Séquard has demonstrated the vitalizing powers of testicular fluids.

Even in truly tubercular or bacillar phthisis the process is not so simple. As the case goes on there are changes in the digestive apparatus; in the tissues of the whole body; material destructions of large masses of pulmonary tissue; while pyogenic bacteria and possibly other micro-organisms join the tubercle bacillus in its work, in the dead and dying structures of the lung. Even if every tubercle bacillus is slain, and fresh invasions prevented, it is far more likely that patients who are far advanced in the disease will die from the effects of the original destroyer; and that the disease processes put in operation will still remain and prove fatal, even when the exciting cause has been removed. For these reasons we urge that hopes be not held out to consumptives in the later stages; and that, although the task is a painful one, the truth be plainly demonstrated to them.

But even with all these limitations, if Koch's injections succeed in destroying the life of tubercle bacilli in the human body, it is the most precious discovery that has ever been made by man. And while we believe that Samuel G. Dixon, of Philadelphia, originated the idea, and successfully applied it to animals, the elaboration of the method and its successful application to man by Koch are assuredly deserving of the greatest credit. Whether more of credit is due the latter we cannot decide until full details of his method have been laid before us. He has thus far simply presented the profession a brownish liquid, which, he claims, when injected hypodermically, in the prescribed doses, gives rise to certain remarkable phenomena. In healthy persons little effect is produced, in these doses. In tubercular subjects, severe general reaction occurs, with fever up to $105\frac{1}{2}^{\circ}$ F., pain in the limbs, coughing, great fatigue, and often vomiting. Sometimes slight jaundice or a morbilliform eruption appears. The attack begins in four hours, and continues about twelve hours; after which the patients feel about as usual, or somewhat better. In external tubercular affections, local reaction is marked; swelling and redness appearing; the diseased tissue becomes brownish and necrotic, changing to crusts, which fall off, leaving cicatrices. In lupus these changes are confined to the skin affected, that surrounding the nodules being unchanged. It is presumed that the same thing occurs in the lungs, when tubercle is present there. Koch claims that the certainty of such reaction, occurring in tubercular cases alone, renders this remedy of the utmost diagnostic value. He states that his remedy is not germicidal to the tubercle bacilli, but that it affects only the tissues enclosing the bacilli, causing them to die. Nor has it any effect on dead tissues, in which living bacilli may continue to exist, be thrown off, or re-infest the living tissues. It is therefore necessary, whenever the necrotic tissue is not quickly removed, to guard against fresh infections by continuous applications of the remedy, in rapidly increasing doses. The results of treatment in pulmonary phthisis were: An increase in cough and in expectoration, soon followed by a decrease. The sputa became mucus, and then the bacilli decreased, and disappeared, being occasionally observed later, until expectoration ceased. The

sweats also ceased, and the general health and weight improved. Patients in the first stage were cured; those with small cavities were almost cured, and when there were many large cavities no improvement could be proved. Relapses can probably be cured more quickly than first attacks. In advanced stages the same benefit cannot be expected, for the reasons stated in the first part of this editorial. Possibly a combination of surgical measures with the use of this remedy may prove of value. The question of combining this remedy with the previous treatment of tuberculosis has yet to be answered.

The nature of the remedy can, we believe, be gathered from Koch's statements as to its preservation and administration. An agent which decomposes after being mixed with distilled water, but can be preserved by sterilization or by the addition of carbolic acid, is most probably an organic substance, but not a vitalized one. It cannot be an antagonistic bacterium. These conditions can be filled by the culture-fluid of the tubercle bacillus, deprived of bacilli and sterilized, which was employed by Dixon. Meanwhile, Koch is quite right in keeping the secret to himself. The wild experimentation by ignorant persons that followed Brown-Séquard's announcement is doubtless fresh in Koch's mind.

THE CHRISTIAN SCIENCE INSTITUTE, OF PHILADELPHIA.

THE same unquenchable yearning for knowledge that caused the representative of THE TIMES AND REGISTER to gain knowledge at the feet of Drs. McCoy and Wildman, led him also to turn his attention to No. 1524 Arch street, Philadelphia, which is labeled as "Christian Science Institute," and "Metaphysical Healing." The legend in the window, announcing that "all were welcome," put aside the natural timidity characteristic to representatives of THE TIMES AND REGISTER.

We deem it valuable for our readers to be acquainted with the various methods of fraud and quackery, so that forewarned they may be forearmed. Far be it from us, however, in giving to our readers the results of this investigation, to merely do so with the view of casting ridicule, or even doubt, upon Christian science—so-called. We will merely endeavor to repeat the interview as it occurred, and if any of our readers become hereby converted to faith-cure, *Amen*; only we would be pleased to have their names, so that we can take them off of our mail list. One must draw the line somewhere.

Our representative was ushered into a cheerful parlor, where a gentleman was indulging in a very materialistic conversation with a guest, who presently departed. We then stated to the gentleman—who, evidently, was in charge of the institute—that it was our desire to learn something of Christian science and metaphysical healing, and the work of the institute. We must, indeed, be very obtuse, for after two hours of hard talking we have, if anything, less knowledge as to what it is all about than before; and it is our firm conviction that they do not know themselves.

The subject is painfully deep, and we must be excused if we are not clear, as clearness is impossible.

1. The Christian Scientist argues that there is nothing material, and that there is no reality except spirituality; that while this present life is an actu-

ality, it is not a reality. We hope we make ourselves clear.

2. That as there is nothing material, while our present bodies are mortal, they are not material, but are merely outcomes of our thoughts or imaginations; in a word, our bodies are nothing more or less than a bundle of thoughts.

3. Spirituality is all good; and to be perfectly well and healthy we need only believe in the truth that already exists, namely, that there is nothing material, but all is spiritual. Disease is material; and, since materiality is not real, disease is only an outcome of our thoughts; therefore, if one's thoughts are guided to the truth, or, in other words, if we are in harmony with the truth, we must deny the existence of disease; and when we are able to do this, we will be well.

"If a man with cancer comes to me," said the metaphysist, "I know that he has wrong thoughts, and that he is in enharmony with the truth; and if I can improve his spiritual condition, and make him realize the truth, namely, that there is no evil in spirituality, and that nothing is real except spirituality, then the man will get well.

"What we call 'material' is simply an embodiment of our thoughts; thus, every thought becomes materialized. Disease germs (if such exist), devil-fish, and other horrid creatures, are merely materialized evil thoughts. As soon as a certain evil thought is effaced, the devil-fish dies."

At this juncture our representative, merely for experiment's sake, mentally materialized a number of remarkable and unique animals. It was also explained that in a similar manner disease was merely the product of evil thoughts, and that, therefore, if the patient's thoughts were guided to the truth, the disease could not exist.

"If a person is in perfect harmony to the truth, no harm can come to him."

"How about a brick falling on his head?" was asked.

"Even this could not occur!"

"But," we asked, "we all have to die, do we not?"

"My dear sir," was the rejoinder, "the day is not far distant when a person will be as much ashamed to die as he is ashamed to go to jail now; and it will not be very long before we can raise the dead."

In speaking of the power of truth, the following instance was cited: An eminent Christian healer has looked at living germs through a microscope, and by merely concentrating his thoughts on the non-existence of evil, has watched those germs die at once. This man should hire himself out as a germicide.

Coming to the method of the treatment of diseases, the operator—who must be a Christian Scientist—should first enthuse spirituality into the patient, then take him into a room called "the silence," and there, mentally, for the space of ten minutes, endeavor to impress the conviction of truth upon him. The patient says to himself, "I am well; this disease does not exist; God is good, and only good can exist; I am perfectly healthy." The operator goes through a similar mental effort, only, instead of impressing the fact upon himself, "thinks" it into the patient.

In the case of disease—say membranous croup—in an infant, the operator can do all the thinking, and the only thing which can interfere with a speedy cure is doubt on the part of the parents.

These are, briefly outlined, the principles of Christian science, in which Christianity, in its true simplicity and truth, is unknown and blasphemed. To them we are all equally as divine as our Saviour.

No prayers can be offered to God. One can only meditate upon the existing truth, and impress it upon our minds. But it is not our province to deal with this view of faith-cure. Suffice it to say that it is an agglomeration of illogical and unfounded misstatements; laughs at both science and religion; and the sooner the practice of their methods be discountenanced by health authorities as gross malpractice, the better for the suffering public, both mentally and physically. They ridicule sanitation, medicine, and hygiene, and teach its defiance. Surely, the profession should be awake to these idiotic methods, and aid their suppression.

Annotations.

DR. R. J. LEVIS.

OUR readers will join in our profound regret in hearing of the death of this distinguished surgeon. Some years ago Dr. Levis retired from active professional work, so far as his attached friends would allow. He has since divided his time between European trips, yachting in the waters of Florida, and the beautiful home at Cedarcroft that was formerly occupied by Bayard Taylor. We understand that Dr. Levis died of pneumonia, after a very brief illness.

Letters to the Editor.

WHILE glancing over the columns of THE TIMES AND REGISTER recently, my attention was attracted to a report relating to the annual visit of the Inspector for the Board of State Commissioners of Lunacy, of Pennsylvania.

As a matter of information, it occurred to me to inquire if those authorized had ever visited two cases to be found in the same family, about two miles south of the village of Tylerville, so-called South Rutland, Jefferson county, in the St. Lawrence State Hospital District, New York State.

J. A. W.

A SPECIFIC FOR RHUS AND IVY POISONING.

A. H., aged sixty years, a laborer, came to my office with an inflammation of the skin of the hands and forearms extending to the middle of the arm. Beginning with lotions of lead-water I tried the most effective remedies for rhus poisoning, which careful inquiry into the patient's habits proved this to be, and was much chagrined to find that nothing gave relief to the itching and burning, or held in check the inflammation.

As a *dernier ressort* a strong decoction of chestnut leaves (*Castanea Fagus*) was used, bathing the inflamed parts every three or four hours. In twenty-four hours all the distressing symptoms had subsided, and the patient was discharged cured.

Since using the above, which was in August 1888, I have prescribed the castanea treatment for all cases of rhus and ivy poisoning, and in all stages of the inflammation, with the single result in every case of perfect relief from all symptoms in from twenty-four to seventy-two hours.

I do not find this treatment in books on diseases of skin which I have read, and therefore offer it to the profession as a mite from

S. B. STRALEY.

HUNTSVILLE, N. J.

REMOVAL OF PAROTID GLAND.

I WISH to report a case of removal of an enormous hypertrophy of the parotid gland, weighing after removal, one and a quarter pounds. The external carotid artery was ligated early in the operation.

I do not consider the case cancerous at all. The patient is a large woman, aged sixty-five years. The tumor has been growing for thirty-five years. An attempt at removal was made by a physician ten years ago, but given up. Her hearing was absent from pressure on this side. The pain in her face was severe and continuous, mainly from pressure on the nerves. The parotid artery was enlarged to the size of a lead pencil. I ligated this; also the temporal artery. The nerves were included in the mass, and hence were cut off. The patient made a speedy recovery. The operation was made one month ago. I do not think it will return, as I succeeded in getting every vestige of the gland from in front of the mastoid bone, and do not, as I said before, believe it to be cancerous; neither do I think it scrofulous. Prof. Henry H. Smith took rather a gloomy view of these growths of the parotid in his work on operated surgery, saying that they return and are generally cancerous. I will report if the tumor returns. This case was reported, and the tumor exhibited at the meeting of the Union Medical Association of Northeastern Ohio, in Canton, November 11, 1890.

A. W. RIDENOUR, M.D.

Pamphlets.

Report on Surgery. By W. L. Rodman, M.D., Demonstrator of Surgery, Medical Department University of Louisville. Reprinted from the *American Practitioner and News*.

A Regional Study of Tumors. By W. L. Rodman, M.D., Demonstrator of Surgery, University of Louisville. Reprinted from the *American Practitioner and News*.

The Effects of Dry Atmosphere on Chronic Inflammation of the Larynx and Nares. By E. Fletcher Ingals, A.M., M.D. Reprinted from the *Journal of the American Medical Association*, October 11, 1890.

The Rotary Element in Lateral Curvature of the Spine. By A. B. Judson, M.D., New York. Reprinted from the *Medical Record*, November 1, 1890.

The Medical Digest.

SULPHONAL IN DIABETES.—Dr. Casarelli, of Pisa, mentions the favorable action of sulphonal in diabetes. This drug diminishes the quantity of sugar in the urine, also reducing the polyuria and the thirst. These results were obtained by doses of from .5 to 30 grains per diem, but not to so marked a degree as with doses of 45 grains continued for several days. The 30 grain doses could be administered for some time without any ill effects; but although the 40-grain doses at first caused no disturbance, it was found that, when they were continued for any lengthened period, they caused giddiness and excessive sleepiness, which disappeared when the drug was discontinued. Sulphonal was used with good results in conjunction with both a mixed diet and a strictly meat diet; in the latter case a large quantity of sugar appeared in the urine as soon as the sulphonal was stopped. In the only case in which antipyrin had been previously used it was found to exert less influence than sulphonal.—*Lancet*.

MANGANESE.—The so-called indifferent iron preparations have been in use for some years, but they seem likely now to be replaced by similar preparations of *manganese*. The presence of compounds of both these metals in the blood is well-known, and their function as constituents of that fluid is believed to be that of carrying oxygen to the red blood-corpuscles. Manganese is further regarded as being in this respect more active.

In the first instance, however, inorganic compounds of manganese were employed (in chlorosis, etc.), and probably owing to the insolubility of these or their non-adaptability to assimilation negative results were obtained. More recently combinations of manganese with the so-called albuminate, peptonate, and other organic groups have been studied by Dieterich. Pepto-mangan "Gude" containing about 0.6 per cent. of iron with 0.1 per cent. of manganese is much prescribed. It is a preparation which mixes perfectly with milk and wines (free from tannin) and has, according to various medical authors, a decidedly good effect in chlorotic and anæmic conditions, and in all other diseases where iron and manganese are indicated in a non-irritating and readily assimilable form.

—*Provincial Med. Jour.*

TREATMENT OF ERYSIPELAS.—Dr. Ulrich, a Danish military surgeon, having had eighty-nine cases of erysipelas of the face in young soldiers, has published in a comparative table the results of the three different methods of treatment which he adopted, viz., the application of ice compresses, painting with pine tar, and painting with a solution of ichthyol in its own weight of ether and double its weight of flexile colloid. Thirty-three cases were treated by the first method; in twenty of these the erysipelas spread considerably, in four slightly, and in nine not at all. Twenty-seven cases were treated with tar; in fourteen of these there was much spreading, in one a little, and in twelve none. Twenty-nine cases were treated with ichthyol; in these the spreading was considerable in eight cases, slight in six, and in fifteen there was none. The mean duration of the disease under the ichthyol treatment was 6.88 days, while under the ice and tar methods it was 8.33 and 9.3 days respectively. The relapses, too, were decidedly less numerous under ichthyol than under either of the other plans. Dr. Ulrich suggests that still better results might be looked for if the ichthyol were painted not merely over the affected parts, but over a considerable portion of the surrounding skin.

—*Lancet.*

CEREBRO-SPINAL MENINGITIS AFTER A BLOW ON THE HEAD.—In the *Fortschritte der Medizin*, October, 1890, Saltzman and Homén report a case occurring in a young man, aged twenty-four. The patient became unconscious after a blow on the head. When he came round he vomited vigorously; a little later he complained of giddiness and pain in the right side of the head. He was somewhat drowsy. There was no trace of an external wound.

Second Day.—Very pale; mind clear; no sensation troubles; tenderness behind right ear. Temperature, evening, 99°; pulse 60.

Third Day.—Languor and pallor increasing. Temperature, morning, 98.2°; evening, 103°. Pulse 40 and 70. During the night a strong convulsion, after which he lost consciousness.

Fourth Day.—Unconscious, though restless at times; right pupil contracted; occasionally spasm in various groups of muscles; very marked retraction

of head. Temperature, morning, 100.8°; evening, 103.2°. He died in the night.

Post-mortem.—No trace of any external wound; no surface hemorrhage; along veins of pia mater unmistakable pus; spinal membranes injected; the pia mater infiltrated with pus, especially in the lumbar region; spleen enlarged.

Herr Homén calls attention to the fact that according to the investigations of Netter (*Arch. Générales*) and others the blow may possibly have determined the attack of cerebro-spinal meningitis.

EXACT DOSAGE IN THE CATAPHORETIC USE OF DRUGS.—In a paper of mine there are figured two cataphoretic electrodes devised for the anodal diffusion of drugs through the skin. The great drawback, until this present moment, has been the difficulty of accurately regulating the amount of drug introduced. For this purpose rather complicated electrodes have hitherto been required, and even these have been unsatisfactory. I have recently found, however, that all difficulties are easily obviated by the use of a new and exceedingly simple method. Messrs. Waite and Bartlett have made for me a cataphoretic electrode of metal. Instead of covering it, as before, with sponge, the ordinary metal surface is overlaid with a thin disc of platinum, and around the edge of this is placed a narrow rim of soft rubber. The drug to be used is put drop by drop upon a disc of ordinary tissue paper cut to fit the disc of platinum. Filtering paper or linen cloth may be used instead of tissue paper. A disc two or three centimeters in diameter will hold from one to four drops of the solution. When the medicated disc is placed upon the metal surface of the electrode, and the latter then applied to the skin, it is evident that there is a thin capillary layer of the drug in solution exposed to the cataphoretic power of the anode, between the electrode and the skin, and that the quantity of the drug used may be accurately estimated. The current is allowed to flow if desired until the medicated disc becomes perfectly dry. In this way we may drive in one or more drops of chloroform, methyl chloride, ether, ten to twenty per cent. solutions of cocaine, a one per cent. solution of helleborin, solutions of iodide of potassium, corrosive sublimate, aconitine—in fact, any drug we wish to employ in this manner; and at the same time we know exactly how much we are using.

To further simplify the method, I have had medicated cataphoretic discs prepared by a pharmacist for use at any time, for the paper discs may be charged with any amount of a watery solution, and, the water being allowed to evaporate, they may be kept on hand indefinitely. It is only necessary to add two or three drops of water to the disc in administering the drug by electricity.—Peterson, *N. Y. Med. Jour.*

HODGKIN'S DISEASE.—At the Medico-Chirurgical Society of Montreal, Dr. R. L. Macdonnell exhibited a male patient, aged twenty-five, a freight checker, the subject of Hodgkin's disease. Up to four years ago the patient had enjoyed good health, but about that time he suffered from a severe and prolonged attack of what was called "bronchitis." There were severe attacks of dyspnoea, which came on exertion as well as when he was at rest, and cough was very severe and brassy. He made a good recovery and continued well until two years ago, when he began to notice the presence of lumps in his neck. These have gradually increased in size. Two months ago the breathing became seriously embarrassed, and suffocative attacks of the most severe kind occurred, especially when in

a recumbent position. In the beginning of August he presented himself at the Montreal General Hospital, suffering from attacks of dyspnoea and from a bad brassy cough. On August 11 a chain of glands was removed from the front of the trachea. These were found to extend very deeply into the chest, and were continuous with other glands in the mediastinum. He made a good recovery from the surgical operation and since then has not suffered from attacks of dyspnoea, though his breath is short on exertion, and he still suffers from cough. When a boy he remembers that frequently there were large painful lumps in the armpits. Epistaxis has been frequent during the last six months. No history of any venereal disease. The glands in the left side of the neck are enlarged, prominent; distinct from each other; loosely attached; of firm structure. There are two or three enlarged glands in each axilla, but none in groin. The spleen is enlarged, but cannot be felt below ribs. The liver is of normal size. Examination of the urine yields negative result. The skin generally is clammy, but always on the left side of the forehead and face there is very free perspiration. The left pupil is much larger than the right. Examination of the heart and lungs negative. Temperature, in afternoon, has generally been 1° or $1\frac{1}{2}^{\circ}$ above normal. Pulse is always between 100 and 110. No member of his family has suffered from enlarged glands. Examination of blood reveals a large excess of white cells. But one count has been made. For the last month Fowler's solution has been taken regularly with apparent good result. About a fortnight ago the patient experienced a sudden seizure which he described as follows: He was lying upon a sofa when he felt as if some fluid were running up in his throat; he coughed, and immediately becoming insensible fell over on the floor, injuring his head in the fall. He was said to have remained unconscious for a few minutes.—*Montreal Medical Journal*.

PANICUM AS A FOOD ARTICLE.—In *Vratch*, Nos. 37 and 38, Lipskey publishes an important paper on the *Panicum sanguineum vel Digitaria sanguinalis* as a substitute for other corn plants, especially millet and buckwheat. The plant belongs to the *Gramineae*. In a wild state it grows in abundance all over Europe, Asia, and America. It is cultivated, as a cereal, in Bohemia, Russia, and of late, in certain regions of Germany. According to Khvoika, "this corn plant is exceedingly far from being particular in regard to either climate or soil; in fact, it grows beautifully on an utterly poor or exhausted ground, as well as on stony or rocky tracts of land, and even on quicksands." With this, the cereal is endowed with a striking fruitfulness; each seed brings forth about eighty stalks, with as many ears, or to put it otherwise, a couple of pounds of seed give a crop amounting to 4,000 pounds of grain. The latter are rather small (about half the size of a millet-seed) and are covered with a hard, grayish hull; decorticated grains being of a white color, with a yellowish tint. The chemical composition may be seen from the following table, which presents (in percentage figures) the results of numerous analyses made by Levin under Konovaloff's guidance:

	Whole Grains.	Decorticated Grains.	Flour.
Water.....	10.48.....	—	11.23
Nitrogen.....	2.08.....	1.07.....	0.11
Starch.....	40.78.....	73.88.....	85.39
Ashes.....	4.60.....	—	0.34
Cellulose, etc.....	30.57.....	—	1.25
Fats.....	—	—	0.94

For the sake of comparison we adduce a table showing the composition of various grits in vogue:

	Millet.	Rice.	Pearl-Barley.	Buck- and Semoule.	wheat.
Water.....	12.01.....	13.11.....	12.88.....	14.57	
Proteids.....	12.25.....	7.85.....	7.25.....	10.96	
Fats.....	3.31.....	0.85.....	1.15.....	—	
Carbo-hydrates.....	68.91.....	77.15.....	77.55.....	66.71	
Ashes.....	3.52.....	0.01.....	1.23.....	—	

In order to determine the dietetic value of panicum, Lipsky has carried out some experiments on himself and another doctor. Each experiment lasted two days, during which the subjects' dietary consisted only of a thick-boiled panicum gruel, tea with sugar, and drinking water. It was found that one of the subjects had assimilated 62.4, and the other 60.9 per cent. of nitrogen ingested. According to Kirtcheninoff's experiments with millet gruel, the assimilation of its nitrogenous bodies varies between 49.427 and 51.254 per cent. Südakoff has found that in the case of thick-boiled buckwheat gruel the assimilation amounts to 40.4 per cent. In the case of potatoes the assimilability of nitrogenous ingredients oscillates between 49.6 and 65.1 per cent. In consideration of all the facts, Lipsky arrives at the general conclusion that "the panicum can be safely placed amongst useful vegetable food-articles."

—*Provincial Med. Jour.*

ERYTHROMELALGIA.—In the latter part of last July I was called to Mrs. G—, and obtained the following history: She was sixty-two years of age, had borne four children, and by occupation a nurse. Her parentage had been healthy, father dying at ninety-six from an accident. Her own health had always been good up to last April. At this time she was nursing a case of puerperal septicæmia, and a number of times daily had to wring out cloths dipped in hot carbolic acid solution. After doing this for several days Mrs. G— noticed her feet to be very painful, and on examination blue and swollen on the anterior portion. These symptoms became so severe as to oblige the patient to give up her profession and take to her bed. The pain was excruciating, especially at night and on pressure, the attacks coming on paroxysmally.

When I was consulted I found her much emaciated, with atheromatous arteries, obstinate constipation, feet presenting, over the anterior and lateral aspects, especially on the plantar surfaces, irregular bluish purple spots, very sensitive, and sweating freely. Urinalysis gave negative results.

The treatment consisted of a ferruginous tonic, the usual hygienic measures, and cold affusions locally; while the general condition improved the local did not. The local application of belladonna, hot water, etc., failed. Electricity only aggravated it. I then decided to put her on arsenic—the liq. acidi arseniosi—directing it to be pushed until physiological symptoms became manifest.

After several days of this treatment the patient began to improve, and six days after walked around the block with ordinary shoes. Being the first time in months that she had been able to tolerate any covering on her feet. Improvement went on so rapidly that a week ago I stopped the arsenic, no unfavorable symptoms having appeared to this time. Whether the carbolic acid may be considered in the relation of cause and effect, or simply coincident, I am unable to say. The failure of all other remedies and the favorable influence of arsenic in this case, certainly warrants a faithful trial in this painful affection.

—*Wendel, Med. Record.*

EXCISION OF THE GASSERIAN GANGLION.—Mr. William Rose related a case in which he had removed the Gasserian ganglion in a lady, aged sixty, who for years had been subject to most acute neuralgia, first affecting the inferior division of the fifth nerve. He first stretched the inferior dental nerve and divided its mental branches. This gave some passing relief, and he did not see the patient again until March, 1889, when, as she was suffering from severe pain, he trephined the lower jaw and cut away a piece of the nerve trunk. Relief again followed, but in March of the present year her old pain had returned, the right side of the tongue being involved in addition, indicating extension of the mischief to the lingual nerve. He, therefore, cut down upon the inferior dental and lingual nerves in the pterygoid region, through an incision parallel to the zygoma. He observed that he had performed this operation on several occasions at the suggestion of Mr. Victor Horsley. This operation was not very satisfactory, owing to the abundant hemorrhage, but he felt convinced that he had divided and partially excised both nerves in this region. The result of this operation was to produce numbness on the right side of the tongue and integument of the lower part of the jaw. Unfortunately the pain which had occasionally manifested itself in the upper jaw and cheek became greatly intensified. It implicated the alveolar border of the right upper maxilla and extended to the vertex of the head, showing that the superior maxillary division of the fifth nerve was involved. He then determined to proceed to the removal of the Gasserian ganglion, as suggested by his colleague, Dr. Ferrier. He decided to remove the upper maxilla, at the same time—(1) because he believed that there was extensive disease of the nerves in the maxillary bone itself; (2) that the manipulations at the base of the skull would be greatly facilitated by removal of the upper jaw, and (3) in deference to the express wish of the patient that, whatever he did, he should remove what she called the "focus" of her suffering. Accordingly, on April 2, he proceeded to remove the upper maxilla in the usual way, and then, with a skull in front of him to serve as a guide, he inserted the pin of a half-inch trephine into the foramen ovale, and removed a ring of bone, which he handed round. He then caught sight of the Gasserian ganglion lying on the petrous bone, passed an aneurysm needle gently beneath it, and removed it without injuring the dura. The patient suffered somewhat from shock, but on the following day her condition was satisfactory. She, however, complained of heat and pain at the back of the right eyeball, which was very congested. This increased, and resulted in panophthalmitis, necessitating removal of the eye. Her progress in all other respects was very satisfactory. The old pain had quite ceased, and had not since returned. He thought that, in future, when it was necessary to remove the ganglion, this might perhaps be accomplished without removing the jaw. He extremely regretted the loss of the eye, but was disposed to consider it as accidental, and not a necessary result of the operation. As for the patient, she declared that she was now better than she had ever been, and would prefer blindness to the pain she formerly experienced.

—*British Med. Jour.*

TUBERCULAR PERITONITIS AND DOUBLE PLEURISY RESULTING IN RECOVERY.—The patient, a youth of seventeen, by occupation a barman, came under my care in Middlesex Hospital, on October 26, 1888. There was an indefinite history of consumption in

some relatives on the mother's side, and of a slight attack of ascites with whooping-cough in his own case when only three years of age, otherwise he had always enjoyed good health and been sober. Nine days before admission he began to suffer from some abdominal pain and swelling. The latter condition gradually became more marked, and on admission he was found to have a considerable amount of ascites, the belly measuring thirty-four inches in girth at the level of the umbilicus. His temperature was 100° F., pulse 120, and resp. 24, tongue rather dry and coated. In the chest at both posterior bases there was impaired resonance with diminished vocal fremitus and scarcely audible breath sounds. At the line of commencing dullness on the left side faint friction sounds were present. The area of dullness, especially on the left side, gradually increased for about a fortnight, the friction sound became more marked, he lost weight, and sweated at night. For a few days at first the ascites also increased, the girth of the abdomen measuring thirty-eight inches on November 2, but it soon began to diminish, and by November 13 the girth amounted only to thirty-two and one-half inches. The temperature also at this time was noted to have been normal or subnormal with only one exception, for several days, having previously ranged between 99.2° and 103.2° F. On November 30 the ascites had disappeared altogether, and the pleural effusion was rapidly declining. Coarse friction sounds were heard over the lower half of the left chest, but these soon cleared up, and he continued to make steady progress in convalescence. On January 30, 1889, he was sent to a seaside convalescent home, the abdomen presented a diffused sense of resistance on palpation over its lower half, suggesting matting together of portions of the intestines; while in addition masses of more definite character were felt in the left upper umbilical and iliac regions, and in the right lower umbilical region. After three weeks' residence at the seaside he returned to his work, and presented himself for examination at the hospital on March 13, when it was found that the masses near the umbilicus were less plainly felt than formerly, and that one in the left iliac fossa had disappeared. He had gained ten pounds in weight, and the condition of his chest was quite satisfactory, presenting nothing abnormal except slight impairment of resonance and weak breathing for a couple of inches at the posterior bases. The case was brought forward, not because there was anything unusual in recovery from tubercular peritonitis, but to accentuate the fact that the reverse was the case, recovery being much more frequent than had been commonly thought, especially by the older writers. The statements made by various writers in textbooks on medicine were quoted, and statistics given of thirty-five cases occurring in the Middlesex Hospital, of which nineteen were discharged as recovered or relieved. Reference was also made to a paper by Dr. Osler, of Johns Hopkins University, in which a similar view was taken to that put forward in connection with the present case as regards the prognosis in tubercular peritonitis.

—*Finlay, Medical Press and Circular.*

AFTER-TREATMENT OF ABDOMINAL SECTIONS.—The entire wound being closed, the ends of the sutures are gathered together in one hand and cut off several inches from the knots. I now proceed to dress the case with my favorite dressing, which consists of:

1. Powdered iodoform sprinkled over the surface of the abdomen, particularly into the umbilicus.

2. Sublimated cotton.
3. Broad adhesive strips of rubber plaster to hold the previous dressing in place.
4. A wide flannel binder, smoothly pinned with safety pins.

To-morrow, at 1 o'clock, or within twenty-four hours, the patient is to have a cup of tea, and she will consider this the best cup of tea that she has ever tasted in her whole life. If she suffers in the meantime from collapse, she is to have sips of whiskey. If she has excessive thirst, she will have enemata of beef-tea.

I trust that she will be able to get along without any opiate, because opium has the effect of stopping the bowels and the other emunctories; but, if she suffers very much, she is to have a hypodermic injection of morphine.

After getting the tea, to-morrow, she is to receive, for the first few hours, a dessertspoonful of milk, which is to be administered every hour; and, if it be well received, she will, by nightfall, be able to take one tablespoonful every hour for several hours, and then two tablespoonfuls every two hours. This quantity is to be gradually increased, so that by the end of the third day she will be getting, during the twenty-four hours, as much milk as she can retain and readily digest.

As I mentioned previously, she is to receive no opium, unless it is absolutely necessary to relieve pain, because it has the tendency to stop the bowels; moreover, though it was once considered necessary, after these abdominal operations, to keep the bowels closed for a week or more, such an opinion is no longer in vogue among medical men.

The bowels are to be moved on the second or third day, and the greatest precautions are to be taken in order to prevent any constipation in this case. She is to be urged not to hesitate to pass her wind, no matter who may be present at the time, lest the distended bowels exert a pressure upon the region of the wound, and set up a peritonitis. If she does fill with wind, let the bowels be moved on the second day. For this purpose, I generally order a Seidlitz powder, adding to the contents of the blue paper a dessertspoonful of Rochelle salt. If she vomits, she is to receive large doses of calomel, for the reason that this medicine is heavy, and not liable to be vomited. I give as much as 10 or 20 grs. at once, and repeat it until bowels are moved, having given as much as 75 grs. during the twenty-four hours, feeling sure that at least a part of this heavy substance must have been kept down, however violent the vomiting may have been.

If the flatus be low down in the intestines, and reachable, it is sometimes removed by the introduction into the rectum, or even higher when necessary—into the sigmoid flexure of the colon—of a flexible catheter. In any case, should tympanites or septicæmia become evident, let the bowels be moved. This latter condition is shown by peritonitis; by the pulse rising above 120, and the temperature going above 102° F., when ice is to be applied to the head.

Should obstinate vomiting occur, ice will be given, or sinapisms applied to the epigastrium.

As a rule, it is necessary to catheterize for a day or so after these operations, but it is to be avoided as much as possible, as the too frequent use of that instrument is likely to cause an irritable bladder that is not easily amenable to treatment.

From a week to eight or nine days the primary dressing will be ready to be removed, and the stitches taken out.—Goodell, *Jour. Amer. Med. Assoc.*

GUAIACUM AS A PURGATIVE.—In our thirst for new remedies, there seems to be a danger that some of our good old-fashioned drugs may be forgotten. Take guaiacum, for example. In most of our text-books on materia medica, we are told that guaiacum resin acts as "a stimulant, diaphoretic, and diuretic." I cannot find that there is much evidence in support of this view. Wood, of Philadelphia, seems to be of the same opinion, for he says: "Guaiacum is believed by some to act as a diaphoretic, and to do good by increasing the elimination of the skin; but as I have not been able to obtain—either from medical literature or from the exhibition of the medicine—any distinctive proof of its having any such action to any marked extent, I have preferred to consider the drug as an alterative." Schmiedeberg, of Strassburg, curiously enough, deals with it under the head of "Drugs and preparations used for all sorts of purposes, but now mostly antiquated and obsolete." I am inclined to think that its main action is as a laxative or purgative, and this view is evidently shared by Dr. C. D. F. Phillips, who, in his well-known work on the "Vegetable Kingdom," states that in large doses it produces "dryness in the mouth, burning in the throat, a sensation of heat in the stomach, loss of appetite, heartburn, flatulence, nausea, vomiting, and purging." My attention was drawn to the subject some two years ago, by casually prescribing for a city man suffering from rheumatism some guaiacum lozenges, made up with black current paste. He continued taking them long after the pains had ceased, and his explanation was that they did him good by acting on the liver and bowels. He said that one or two of the lozenges taken in the morning, before breakfast, acted promptly and without inconvenience. I ordered the lozenges for other of my patients suffering from constipation and what is conventionally called "biliousness," and the result was equally satisfactory. The lozenges not being available for hospital use, I had a confection prepared, containing 10 grains of guaiac resin to a drachm of honey. This was curiously popular with the patients, and for the last two years I have used it extensively, not only as a purgative, but in the treatment of chronic rheumatism, sciatica, tonsillitis, dysmenorrhœa, and allied affections. The confection is nasty, but is appreciated by patients. At first I gave it in drachm doses once a day; but they were not satisfied with this, and I had to increase the dose to two drachms three times a day. In this quantity it seems capable of producing the maximum of inconvenience and discomfort, and gives unlimited satisfaction. The purgative effect is very pronounced, and in one case the patient had fifty-six evacuations in the week. In another case it produced a well-marked rash, covering the arms and legs with an eruption which forcibly reminded one of copaiba. That this rash is rare may be gathered from the fact that my colleague, Dr. C. T. Fox, had seen only one similar instance. It was accompanied by intense itching, which disappeared on discontinuing the drug. The guaiacum not infrequently gives rise to a burning sensation in the throat, and to obviate this I prescribed the 10 grains of the resin in half an ounce of extract of malt, which answered admirably. This method of treatment is, perhaps, simply a return to the old-fashioned "Chelsea Pensioner," which consisted of guaiacum, rhubarb, ginger, sulphur, and certain other ingredients; but it is interesting, nevertheless. I am sure that a trial of the guaiacum resin as a laxative or purgative, according to the dose employed, will be found satisfactory. It is possible that if the drug were triturated with cream of tartar,

sugar of milk, or some other equally inert substance, its efficacy would be increased, and it would produce the desired effect in smaller doses.

—Murrell, *Med. Press and Circ.*

BERI-BERI IN THE PROVINCETOWN GRAND BANK FISHING FLEET.—In the fall of 1889 I was called upon to attend seven cases, coming from two different vessels.

The prominent symptoms in each case were general œdema, shortness of breath with precordial distress, numbness of the lower extremities with a peculiar shuffling gait, showing marked inability to lift the lower limb at the knee. One case only was confined to the bed, and that was marked by an advanced stage of hydrothorax, dullness on percussion and disappearance of the respiratory murmur, the pulse was weak, irregular and very much increased in frequency, and after five days the patient died with all the symptoms of pulmonary œdema and heart failure. The other cases, after a period varying from two to six weeks, recovered. One man died on the passage home, and the history of the case, as near as I could ascertain, was similar to that just stated. In three cases there was marked enlargement of the spleen; in only one case was there any trace of albumen in the urine, and there was a doubt if that was due to the disease in question. The urine in all was scant, high colored, and contained an excess of urates; there was no retention in any case; the temperature was normal in all; the knee-jerk in two cases was entirely lost, in all diminished; the digestive organs seemed to be but little affected; the appetite was fairly good in the majority of cases; nausea and vomiting were present in one case, but was easily controlled; the bowels in all were constipated, but no more than is usually the case in those that go to the Grand Banks fishing, resulting probably from the kind of food furnished on such voyages, and neglect in going to stool.

The prodromic period in these cases, as nearly as could be learned from the patients themselves, was characterized by general weakness and depression, and an indisposition to work; an œdematous condition of the areolar tissue on the anterior parts of the legs manifested itself, together with severe cramps and pains of a neuralgic character. That the disease was beri-beri there is no doubt, for the symptoms are identical with those described, proving conclusively that the bacteria or septic organism may be produced independent of any earthy or climatic influence, and in a latitude as far north as 45° or 46° .

The undoubted causes of the disease in these cases was defective nourishment; the vessels were poorly fitted for the voyage, the two previous years having been unfortunate ones pecuniarily for the owners, in consequence of which the outfit was cut off in every possible way, the salt beef was of a poorer quality than usual, and the stock of fresh provisions was very meagre. The dampness and cold which is always present on the Grand Banks would undoubtedly act as a factor in developing the disease in a system impoverished and rendered anæmic from a diet of unwholesome food deficient in nitrogenous principles. The catch of fish was at irregular intervals, so that having that article in a fresh state was a rare occurrence. The majority of cases in which this disease occurred were strong, able-bodied men, in whom there were no previous traces of any constitutional disturbance.

Treatment.—Diet seems to form an important part of the treatment of this disease. A mixed diet com-

posed of the coarsely prepared grains, as oatmeal, wheat, etc., with a liberal allowance of fresh beef, in my own experience, is to be preferred. In regard to medication the treatment is rather expectant than specific. Diuretic, and hydrogogue cathartics are indicated when the dropsical effusion is marked; digitalis, to stimulate and control the heart's action. Tincture of chloride of iron and iodide of potassium were also prescribed with apparent benefit.

October 27, 1890. Since writing the above and during the past week about twenty cases of the same disease have been landed here on vessels arriving from the Grand Banks, eleven cases occurring on one vessel out of a crew of thirteen; two of the cases died, with the symptoms as before described, within twenty-eight hours after being brought ashore.

—Birge, *Boston Med. and Surg. Jour.*

EFFECT OF DRUGS ON THE PULMONARY CIRCULATION.—Through the kindness of Dr. Bradford, of University College Hospital, and of Dr. Bokenham, assistant to my colleague, Dr. Lauder Brunton, in the science work-room of St. Bartholomew's Hospital, I am enabled to lay before you the following statements as to the comparative effect of certain substances upon the two circulations. Their researches were carried on entirely independently of each other, and yet their results are practically identical.

Muscarin.—In the *British Medical Journal* for November 4, 1874, Dr. Lauder Brunton gives the following account of the action of muscarin on the heart. Having thoroughly narcotized a rabbit with hydrate of chloral, he commenced artificial respiration, and opened the thorax. Both sides of the heart seemed to be equally filled, the veins only moderately distended, and the lungs rosy. On injecting a little muscarin into the jugular vein, everything at once changed. The lungs became blanched, the left side of the heart became small, the right side swelled up, and the vena cava became greatly distended. After a short time, a little atropine was injected into the jugular vein, and everything instantly returned to its normal condition. The left side of the heart regained its former size, the right side diminished, the distension of the veins disappeared, and the blanched lungs again assumed a rosy hue. Distrusting his own personal observation, Dr. Brunton got two observers who knew nothing about the experiment, and repeated it before them, noting down their observations, which agreed exactly with his own. It is all but impossible, I think, either to doubt the accuracy of the record of this experiment, or to attribute the phenomenon observed, especially the simultaneous distension of the pulmonary artery and the blanching of the lungs, to any other cause than the action of vasomotor nerves. Subsequent observers seem to have failed to obtain the striking effects witnessed by Dr. Lauder Brunton, but his account is substantially confirmed by Dr. Bokenham, who tells me that muscarin in a small dose causes rapid fall in the carotid pressure, with, in most cases, a rise in the pulmonary pressure. This rise, however, is not long maintained. The pressure in the pulmonary artery sinks to normal, whilst that in the carotid more slowly rises to its original level. A large dose seems to produce paralysis of the heart and rapid fall of pressure in both circuits.

Amyl Nitrite given by inhalation caused rapid fall in carotid pressure, with simultaneous marked rise in pulmonary pressure. Carotid pressure then rises, and during this rise the pulmonary pressure resumes its original level.

Nitro-glycerine.—In the cat one-fiftieth grain produced a temporary great fall of the carotid, with a slight rise of the pulmonary pressure. When, however, the carotid fall had reached its lowest point the pulmonary pressure also fell. The carotid pressure then rose, but not to the normal figure. At the beginning of this rise the pulmonary pressure showed some tendency to fall, but remained nearly constant. In the dog, one-fiftieth grain produced a primary fall in the carotid, with little or no effect on the pulmonary pressure. A subsequent gradual rise of the carotid pressure then took place, with a very slight fall of pulmonary pressure during the greater part of the rise.

Digitalis.—Digitalin caused steady rise of blood pressure both in carotid and pulmonary arteries, with great slowing of pulse. *Tinct. digitalis*: In dogs, slight fall in carotid pressure following soon after injection. At this time practically no effect on pulmonary pressure. Following this a steady rise in both pulmonary and carotid blood pressure. *Inf. digitalis*: In cats, primary rise in blood pressure both in carotid and pulmonary arteries, followed by slight but more permanent rise. (The primary rise here was probably due to the fact that a large quantity of fluid had to be introduced, as the same result followed the injection of a similar quantity of water.)

Tinct. Strophanti.—In cats, a small dose (namely, minim i-ii) produced a primary fall of pressure in both carotid and pulmonary arteries, and a subsequent rise in pressure almost up to normal; heart at same time slow and irregular. A large dose produced first a great rise of carotid pressure, the pulmonary pressure sinking slightly at first and then rising slightly. Then great quickening of heart with steady fall of pressure in carotid; the pulmonary falling to, but not below, its original level.

Ergot produces primary rise in pulmonary, with simultaneous fall in carotid pressure. This rise, however, is of short duration. Subsequently both pressures rise.

Aconite produces fall in pressure in both carotid and pulmonary arteries.

Strychnine, in both carotid and pulmonary arteries, produces a rise in pressure, especially marked in the pulmonary.

Chloroform.—Both pressures fall together.

Ether.—Both pressures rise together.

Atropine (Sulphate) produces first a steady fall in carotid pressure, the pulmonary sinking at the same time, but in much less degree. During this period the heart is slowed, and the vagus nerve is excitable. Next pressure rises in both, and pulse becomes more frequent, the inhibitory power of the vagus being gradually abolished. When the pressure reaches its highest point, the heart cannot be stopped by stimulation of the vagus, and a second dose of atropine will have no further effect.

Quebracho (Tincture) produces in carotid a primary fall, in pulmonary a slight rise, followed in the carotid by a steady rise to a higher point than normal, whilst in the pulmonary artery the higher level already reached is maintained; finally, in the carotid the pressure becomes very great, whilst in the pulmonary artery it does not rise above the slightly higher level it reached at first.—Andrew, *Provincial Med. Jour.*

PENZOLDT states that the occasional failure of orexin may be explained by the insolubility of the coating on the pills. The drug should be used in wafer.

Medical News and Miscellany.

DR. D. E. SALMON has been assigned, by the Bureau of Animal Industry, to arrange for the inspection of meat in Chicago.

A PHARMACEUTICAL chemist of Woronesh, in Russia, has been condemned to six months' imprisonment for selling adulterated quinine.

GENERAL BOOTH, in his book, "In Darkest England," says: "Out of every five persons in London, one dies either in the hospitals, asylums or work-houses."

DR. BOSWELL GORHAM, of Lexington, Ky., was shot and killed on November 11 by a colored farm hand. Dr. Gorham was fifty-five years old, and had retired from practice for some years. During the war he was a surgeon in the Confederate army.

THE work on "Psychology," on which Prof. William James, of Harvard University, has been engaged for many years, and which is expected to give the most complete study yet made of that science, will be ready for publication in the early part of 1891.

AN epidemic of typhoid fever is raging in Clementville, Ohio. There have been eighty-nine cases, twenty-five of which have proved fatal. At present forty persons are suffering. Business has been suspended. The place has a population of two hundred.

THE Southern Surgical and Gynecological Association, in session at Atlanta, elected the following officers for 1891: President, Dr. L. S. McMurtry, of Louisville, Ky.; Vice-Presidents, W. Gastohe, Atlanta; Dr. J. T. Wilson, of Sherman, Texas. The terms of Dr. W. E. Davis, of Birmingham, Ala., as Secretary, and J. H. Cochrane, of Birmingham, as Treasurer, were continued. The only change in the Judicial Council was the substitution of Dr. George J. Engelman, of St. Louis, for Dr. Bedford Brown, of Alexandria, Va., whose term expired.

DEATHS last week numbered three hundred and sixty-seven, an increase of nineteen over the previous week, and three less than during the corresponding period last year. The principal causes were: Apoplexy, 13; Bright's disease, 7; cancer, 10; casualties, 9; congestion of the lungs, 6; consumption of the lungs, 53; convulsions, 13; croup, 12; cyanosis, 5; debility, 7; diphtheria, 21; disease of the heart, 30; scarlet fever, 5; typhoid fever, 12; inflammation of the brain, 9; inflammation of the bronchi, 8; inflammation of the kidneys, 5; inflammation of the lungs, 38; inflammation of the peritoneum, 6; inflammation of the stomach and bowels, 8; inanition, 6; marasmus, 10; old age, 10; paralysis, 6.

THE Board of Health of Philadelphia has recently made the following important changes in the rules regulating interments:

Rule 242. (a.) No interment of the dead body of any human being, or disposition thereof in any tomb, vault or cemetery, nor the removal of any body from the city for interment elsewhere, shall be allowed, without a permit therefor be granted by the Board of Health upon presentation of the certificate of death; and no sexton, superintendent, or other person shall assist in, or assent to, or allow any such interment, or aid or assist about preparing any grave or place of deposit for any such body for which such permit has not been given authorizing the same. Every cer-

tificate of death must be signed either by a physician, the coroner, or health officer, to which must be appended the certificate of the undertaker.

Rule 242. (k.) No body of a person who has died of any of the following diseases, viz.: Asiatic cholera, yellow fever, cerebro-spinal meningitis or spotted fever, small-pox or varioloid, diphtheria, relapsing fever, typhus or ship fever, and scarlet fever, shall be placed in an ice-box, or be removed from the city of Philadelphia, except for the purpose of interment in the adjacent rural districts, and such removal shall not be made by public conveyance, and in all such cases the body shall immediately after death be completely enveloped (and remain so enveloped) in a sheet saturated with a four per cent. solution of chloride of lime, or a five per cent. solution of pure carbolic acid, or a one-tenth per cent. (1:1000) solution of corrosive sublimate, and be encased in a coffin or casket, the entire inner surface of which shall be thoroughly and completely lined with a layer of raw cotton of a thickness of not less than one inch; and said coffin or casket shall be tightly closed with screws, and remain so closed; or the body, wrapped as above, shall be encased in a coffin or casket of metal, with all joints and seams closely soldered. Burial to take place within thirty-six (36) hours.

A STRANGE experiment is in progress at the Charity Hospital, on Blackwell's Island. Dr. Phelps, of the University Medical College, assisted by other physicians, is trying to graft upon the deformed leg of Johnny Gethins, a fourteen-year-old boy, the leg of a spaniel dog. Boy and dog are bound together, and the dog is incased in a plaster cast, so he cannot move. The surgeons think they can make the strange graft and give young Gethins a sound leg, so that he can throw away his crutches, or, rather, transfer them to his dog.

AN EXAMINATION ECHO.—A medical student was undergoing an examination.

"How would you make a patient transpire?" demanded the professor.

"I should employ sudorifics, such as tea, coffee, and other aromatic warm drinks."

"But suppose these should not produce the desired effect?" queried the professor.

"Well, in that case," said the student, "I should use the volatile oils, such as ether and the various compounds of alcohol."

"But suppose these should not answer your purpose?" asked the professor.

"I should use triturated antimony, James' powder, or Dover's powder," replied the student.

"But if all these means failed?" remarked the professor.

The student was sweating great drops.

"I should take sarasparilla, bitter sweet, or saffron, jaborandi."

"And if even all of these did not act, what then?" queried the professor.

"Then I would sned the patient to you to undergo a medical examination," sighed the student.

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

PATENTS, ETC., granted on medical subjects issued November 11, 1890:—

Dental engine.....W. A. Bonwill.....Philadelphia, Pa.
Inhaler.....H. M. Brittain.....Martins Creek, Pa.
Catarrh remedy.....W. Bradley.....St. Louis, Mo.
Preservative.....Benussi & Dendero.....San Francisco, Cal.
Preserving foods.....C. L. Bachelier.....Paris, France.
Recovering soda.....L. D. Armstrong.....Lock Haven, Pa.
Drying starch refuse, etc.....P. H. Grimm.....Glen Cove, N. Y.
Teeth separator.....F. Sawhill.....Hastings, Neb.

TRADE-MARKS.

Complex-powder. (The word "Camellia," the representation of a lady's head, an arrangement of camellia flowers in the hair, and a spray of flowers above the word "Camellia").....J. T. Grenamier.....Chicago, Ill.
Facial soap and powder. (The word "Kom-Plex-Yon.").....Van Dyk Mfg Co.....Rutherford, N. J., and New York, N. Y.
Line of remedies classified upon a temperamental standard. (The representation of a series of united faces or masks).....Occidental Chemical Co.....Nashville, Tenn., and Dallas, Tex.
Remedy for headache, neuralgia, rheumatism, and analogous diseases (The Word "Antikamnia.").....Antikamnia Chemical Co.....St. Louis, Mo., and St. Louis, Ill.

Proprietary medicines, ointments and lotions. (The portrait of Madame E. G. C. Rozzelle).....E. G. C. Rozzelle.....Syracuse, N. Y.

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"Dr. Rush's Medicated Skin powder".....E. F. Rush.....Chicago, Ill.
"Draper's Improved Persian Cream".....W. P. Draper.....Springfield, Mass.
"Kennedy's Blood Medicine".....D. S. Kennedy.....Towanda, Pa.
"Thompson's Wild Cherry Phosphate".....A. G. Thompson.....Chicago, Ill.
"A Remedial Lotion".....J. P. Greth.....New Bedford, Mass.
"Hop alsam" (for a cough medicine).....A. D. Rice & Sons.....Portville, N. Y.

CHARLES J. GOOCH, *Patent Attorney.*

LOCK BOX 76, WASHINGTON, D. C.

Army, Navy and Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, U. S. Army, from November 4, 1890, to November 10, 1890.

By direction of the Secretary of War, Colonel Basile Morris, Surgeon, and Major George M. Sternberg, Surgeon, are appointed members of a board of officers appointed to meet, at the call of the senior officer thereof, in San Francisco, California, to examine such officers of the Corps of Engineers, as may be ordered before it, with a view of determining their fitness for promotion, as contemplated by the Act of Congress, approved October 1, 1890. Par. 5, S. O. 261, A. G. O., Washington, D. C., November 7, 1890.

By direction of the Secretary of War, Lieutenant-Colonel Charles T. Alexander, Surgeon, and Major Johnson V. D. Middleton, Surgeon, are appointed members of a board of officers, appointed to meet at the call of the senior officer there at the rooms of the Board of Engineers, Army Building, New York City, to examine such officers of the Corps of Engineers, as may be ordered before it, with a view to determining their fitness for promotion, as contemplated by the Act of Congress, approved October 1, 1890. Par. 4, S. O. 261, A. G. O., Washington, D. C., November 7, 1890.

By direction of the Acting Secretary of War, leave of absence for four days is granted Captain William D. Crosby, Assistant-Surgeon, U. S. Army. Par. 2, S. O. 259, A. G. O., Washington, D. C., November 5, 1890.

Captain Louis A. LaGande, Assistant-Surgeon U. S. Army, detailed as member of board for duty in connection with the World's Columbian Exposition, and will report by letter to Major Clifton Comly, Ordinance Department, member of the board of control and management of the Government exhibit to represent the War Department. Par. 1, S. O. 260, A. G. O., Washington, D. C., November 6, 1890.

Leave of absence for one month is granted Lieutenant-Colonel Dallas Bache, Surgeon U. S. A., Medical Director, Department of the Platte. Par. 6, S. O. 82, Dept. Platte, Omaha, Neb., November 1, 1890.

BUFFALO LITHIA WATER

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Notes and Items.

SPECIALISTS say that the sucking of throat lozenges, now so prevalent, has had the effect of developing a marked palatal peculiarity.

DR. THOMAS H. PRICE has recovered \$700 from the Pennsylvania Railroad for damages to himself, and his horse and carriage, at Orthodox street, Frankford.

BARON ROTHSCHILD, of Vienna, is taking the nerve cure at Waershopen, near Munich. This cure, which lasts twenty-one days, consists in walking about barefooted, taking daily baths in ice-cold water, and living on a diet of milk and vegetables.

AN epidemic of typhoid fever has broken out in Fulton, W. Va. Twenty-three serious cases were found, nine in one family. The town has applied to the Board of Health and County Board for assistance. Impure water is believed to have caused the epidemic.

THE twenty-four electric lights at the Philadelphia Hospital and Almshouse were recently turned on. The result of the light was such as to cause universal satisfaction from the number of visitors who were present to witness the lighting up of the institution. The engine is 80-horse power. The new departure will bring the Almshouse and hospital out of the gloom it has been in by bad gas-light for months.

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Regular Session of 1890-91 will open September 15, 1890.

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An Open Letter to the Medical Profession.

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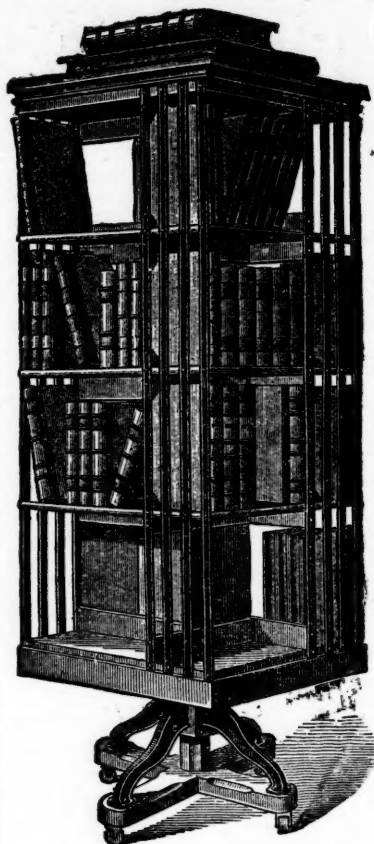
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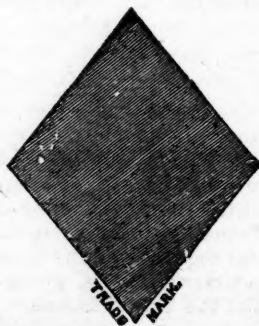
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